



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

**Fiscal Year 2026 Budget Request  
Department Request  
Program Descriptions**

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Director**

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MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

### **Mission:**

Promote health and safety through prevention, collaboration, education, innovation and response.

### **Vision:**

Optimal health and safety for all Missourians, in all communities, for life.

### **Our Core Services:**

- ♥ Foundational public health services, inclusive of:
  - ♥ Disease and injury prevention
  - ♥ Emergency preparedness and response
  - ♥ Food and nutrition services
  - ♥ Health, animal and environmental testing
  - ♥ Maternal and child health services
- ♥ Regulation enforcement and licensure
- ♥ Senior and disability support and protection
- ♥ Vital records and statistics

## **Our Values**

### **Excellence**

We strive to empower our team members to deliver quality services and exceed the needs of Missourians

### **Collaboration**

We engage and communicate openly with a diverse group of partners to improve health for all Missourians

### **Access**

We deliver services to Missourians in a manner that is sensitive to their unique needs and circumstances while reflecting our rich, diverse community

### **Integrity**

We conduct services with a consistency of character in a highly principled manner by honoring our commitments and maintaining our ethics

### **Accountability**

We embrace responsibility for our work and ensure Missourians view us as a trusted source of information<sup>5</sup>

# DHSS STRATEGIC PRIORITIES



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

- Invest in innovation to modernize infrastructure**  
Public health infrastructure is central to DHSS being able to provide quality services across the State of Missouri. Infrastructure includes initiatives such as foundational public health services, technology and data modernization, health planning, quality improvement, and abilities to strategize for future opportunities and threats to Missourians.
- Re-envision and strengthen the workforce**  
At DHSS, people are central to the quality and quantity of services we provide. A strong and reliable public health, direct provider, healthcare, and support workforce is key to making sure we can fulfill our role as the State Health Authority. This includes finding new solutions to improve efficiency, providing training and development opportunities to DHSS employees, instilling a sense of belonging to DHSS team members, and much more.
- Build and strengthen partnerships**  
Partnerships are essential for DHSS to deliver services to Missourians. From working with other governmental agencies to local community organizations, DHSS is committed to building and strengthening relationships across sectors, professions, and communities to further our goals and support our mission.
- Use clear and concise communication to educate and build trust**  
Communication is the foundation for how we educate Missourians about health and make sure our services are reaching those in need. Focusing on understanding how we communicate, build trust and maximize our impact is essential to a healthier Missouri.
- Expand access to services**  
Understanding Missourians' health needs and priorities greatly influences the way we provide services across the State of Missouri. By studying how and where we provide services, we can better understand program gaps, demographic changes and more.

## CROSSCUTTING PRIORITIES

### **TAILOR PRACTICES, PROGRAMS AND SERVICES**

To best serve all Missourians, DHSS centralizes internal education surrounding health disparities, needs and challenges related to each demographic in the State of Missouri.

### **PLAN FOR THE IMPACT OF THE AGING POPULATION**

As the population of Missouri continues to age, DHSS will pay special attention to establishing new and adapting existing services to best serve this growing demographic across the State of Missouri.



## FY25 Budget Successes

- Graduate Medical Education Residency (GME) Program:** Created in 2023, this program has increased Missouri accredited residency positions by 10, thereby improving and expanding access to health care by developing new, sustainable residency positions that address the physician workforce shortages and challenges in underserved communities.
- Building HCBS Capacity:** An additional 16 staff members were appropriated to conduct 20,000 reassessments for seniors and individuals with disabilities across the state. This was critical to successfully implement the full Nursing Facility Level of Care transformation required by the federal government. DHSS also began a pilot apprenticeship program to recruit, train and develop a new applicant pool for this career path, as well as HCBS direct service workers and similar service professionals.
- Fetal Infant Mortality Review Program:** Established a network of regional FIMR teams with a two-tiered system to conduct case reviews for infant mortality and take action on prevention recommendations.
- Registered Nurse Salary Adjustment:** Increased RN salaries to \$75,000-\$80,000 minimum per year from the average of \$58,000 per year to address a shortage of nurses across vital DHSS programs.
- Substance and Opioid Use Disorder:** Addressed critical need for prevention and treatment of substance and opioid misuse disorder, which included investment in psychiatry and internal medicine; addressed advancing maternal and perinatal health gaps; funded access to Hepatitis C virus antibody screening and confirmatory testing for eligible individuals; increased access to rapid Hepatitis C Virus point-of-care testing statewide; made STI and HIV testing sites available as well as fentanyl test strips through local public health agencies.
- HUD Lead Hazard Reduction Grant:** Increased local lead hazard control capacity by providing resources to identify and control lead hazards in residences with children under the age of six.



## FY26 Budget Requests

- Ventilators and Powered Air Purifying Respirators Sustainment:** Funding to maintain the stockpile of 500 portable ventilators and 100 powered air purifying respirators (PAPRs).
- Extended Women's Health:** Funding intended to reduce unintended pregnancies, which account for 45% of all pregnancies, and Medicaid expenditures. This program will provide family planning services, education and outreach, as well as pap tests, pelvic exams, pregnancy testing, sexually transmitted disease testing and treatment, and follow-up services for eligible women.
- Unregulated Psychoactive Cannabis:** Funding to protect children from accessing intoxicating cannabis products by reducing market availability of unregulated psychoactive foods as emerging concerns of health effects rise. DHSS estimates that 40,000 food establishments and smoke shops, and 1,800 food manufacturers could be affected.
- Nurse Loan Funds Transfer:** Transfer authority to move funds from the Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund to the Missouri Board of Nursing to support their initiatives.
- Children's Health Insurance Program (CHIP):** Funding to cover an expected increase in the CHIP-eligible population. This program provides important vaccines for children whose parents do not qualify for Medicaid but cannot afford open-market insurance. Families are charged a small monthly amount to access school aged immunizations to protect against serious, sometimes deadly diseases.
- Prescribed Pediatric Extended Care (PPEC) Program:** Funding to support child care for children who are medically-fragile and/or who have complex medical conditions. In 2025, Missouri will begin the PPEC Program to support providers who wish to care for these important populations. Facilities will be dual-licensed by DESE as a childcare provider, as well as by DHSS to ensure standards of service and care. They will be reimbursed as a home and community based service under Missouri's Medicaid Program.





# MISSOURI DEPARTMENT OF **HEALTH & SENIOR SERVICES**

## WE PROMOTE HEALTH AND SAFETY THROUGH PREVENTION, COLLABORATION, EDUCATION, INNOVATION AND RESPONSE

### CROSSCUTTING PRIORITY: INCLUDE DIVERSITY AND INCLUSION IN ALL PRACTICES, PROGRAMS AND SERVICES

Create an inclusive work environment that promotes input and trust from all levels and people

Collaborate with health care partners to access data and tailor services to resolve access issues for underserved areas and populations

### INVEST IN INNOVATION TO MODERNIZE INFRASTRUCTURE

Develop and implement a master data system modernization plan

Provide ample resources to implement the foundational public health services model across Missouri

### RE-ENVISION AND STRENGTHEN THE WORKFORCE

Develop and implement the DHSS workforce development plan

### BUILD AND STRENGTHEN PARTNERSHIPS

Prepare for and sustain effective staff engagement with partners

Support resource sharing and collaboration between public health, health care and direct service providers

### USE CLEAR AND CONSISTENT COMMUNICATION TO BUILD TRUST

Examine DHSS communication channels through a citizen journey lens to understand and meet the needs of Missourians

Empower people with public health data that is contextual, transparent, relevant and tailored

Develop and implement resources for programs to align with DHSS standards and amplify messaging through partners

### EXPAND ACCESS TO SERVICES

Maximize funding resources to support and sustain programs

Develop and implement an access plan to address unmet needs throughout Missouri

Establish a community voices partnership

Strengthen the public health, health care and direct service workforce

### CROSSCUTTING PRIORITY: PLAN FOR THE INCREASE IN THE AGING POPULATION

Promote opportunities to remain or re-engage in the workforce their communities through volunteerism

Assess and expand programs and services, and engage partners for support

Design and implement a "No Wrong Door" plan

## DHSS Auditor's Report

DHSS DIVISION	DHSS PROGRAM	REPORT TYPE	DATE ISSUED	WEBSITE
DCPH	MOWINS (MO WIC Information Network System)	State Auditor	8/1/2021	<a href="https://auditor.mo.gov/AuditReport/ViewReport?report=2021049">https://auditor.mo.gov/AuditReport/ViewReport?report=2021049</a>
DCPH	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	9/10/2021	No website available. Hard copy available upon request of "RWAP Site Visit Rpt 20210910.pdf."
DCPH	Section for Child Care Regulation	Federal	9/10/2021	Contact Dept. of Elementary and Secondary Education (DESE) for final report of 09/10/2021. Program moved from DHSS to DESE 08/28/2021.
DCPH	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	10/28/2021	No website available. Hard copy available upon request of "HRSA EHE Virtual Site Review Rpt final 2021-10-28"
DCPH	Summer Food Service Program (SFSP)	Federal	11/4/2021	No website available. Hard copy available upon request of "USDA Site Visit Rpt 20211104"
DCPH	Section for Disease Prevention (DP) Opioid Response	Federal	5/3/2022	No website available. Hard copy available upon request of "CDC Opioid Overdose_Rpt DHSSOD2A.pdf"
DCPH	Women, Infants, Children Nutrition Services (WICNS)	Federal	10/19/2022	No website available. Hard copy available upon request of "USDA WIC FMR 20221018"
DCPH	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	10/24/2022	No website available. Hard copy available upon request of "CDC Site Visit Rpt-HSH_PS18-0802, PS20-2010_2022-10-21"
DCPH	Bureau of Environmental Health Services (EHS)	Federal	2/8/2023	No website available. Hard copy available upon request of "MO 7 MFRPS signed Summary Report CL_.pdf"
DCPH	Home and Community-Based Services (HCBS)	Federal	2/23/2023	See <a href="https://oig.hhs.gov/oas/reports/region7/72003243.asp">https://oig.hhs.gov/oas/reports/region7/72003243.asp</a>
DCPH	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	6/20/2023	No website available. Hard copy available upon request of "HRSA EHE Comprehensive Site Visit Report 2023-07-06"
DCPH	Women, Infants, Children Nutrition Services (WICNS)	Federal	8/24/2023	No website available. Hard copy available upon request of "2023-MO-WIC-ME0585 Rpt 2023.09.13"
DCPH	Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)	Federal	8/29/2023	No website available. Hard copy available upon request of "USDA CACFP, SFSP FMR 20230829"
DCPH	Bureau of Environmental Epidemiology (BEE)	Federal	10/18/2023	No website available. Hard copy available upon request of "CDC EHC Site Visit Report 2023.pdf"
DCPH	Bureau of HIV/STD, Hepatitis (HIV/STD)	Federal	12/28/2023	No website available. Hard copy available upon request of "CDC Site Visit Rpt-HSH_PS18-1802, PS20-2010_20231228.pdf"
DCPH	Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)	Federal	12/20/2023	No website available. Hard copy available upon request of FY23-MO-CACFP-ME0412 Final Report.pdf"
DSDS	Home and Community-Based Services (HCBS)	Federal	4/3/2024	See <a href="https://oig.hhs.gov/documents/audit/9858/A-07-22-04130.pdf">https://oig.hhs.gov/documents/audit/9858/A-07-22-04130.pdf</a>

**Department of Health and Senior Services  
Programs Subject to Missouri Sunset Act**

<b>Program</b>	<b>Statutes Establishing</b>	<b>Sunset Date</b>	<b>Review Status</b>
Non-Medicaid Eligible Services	Section 208.930, RSMo	June 30, 2025	Has not been started.



**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.600</u>
<b>DHSS Director's Office</b>	
<b>Program is found in the following core budget(s):</b> Director's Office	

**1a. What strategic priority does this program address?**

Foster a sustainable, high-performing department.

**1b. What does this program do?**

The Office of the Director, which includes the Board of Health and Senior Services, serves as the focal point for leadership and coordination across the Department. The Director articulates and reinforces the Department's vision and goals to the programs within the Department and provides advice and counsel on public health and senior services issues to the Governor and the Legislature.

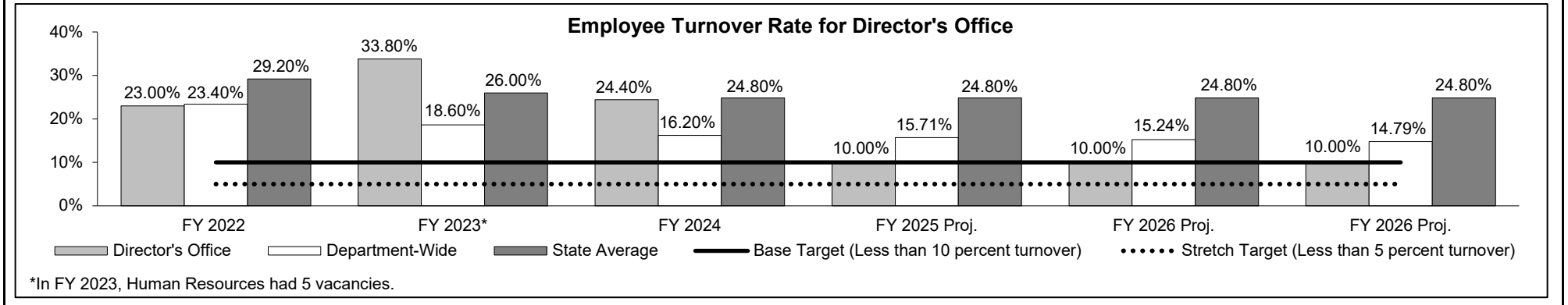
The Director's Office also performs duties such as:

- assuring compliance with personnel law;
- coordinating press releases and responding to media requests on health information and the Department's social media posts;
- working on strategic planning, accreditation, and organizational development issues;
- providing counsel on regulatory and licensure actions, pursuing guardianships for eligible adults, and providing legal assistance to all Departmental Divisions; and
- overseeing the Employee Disqualification List (EDL) program that manages all aspects of the statutorily mandated EDL process, including complaint investigations indicating possible abuse, neglect, misappropriation of funds or property, or falsification of service delivery documents by employees.

**2a. Provide an activity measure(s) for the program.**

<b>Services Provided by the Director's Office in Support of Programmatic Functions</b>			
Constituent Requests (email)	5,004	Media Requests	937
News Releases	59	Sunshine Requests	808
Twitter Posts	917	Guardianships Assigned	85
Facebook and Instagram Posts	1,097	EDL Checks	641,350

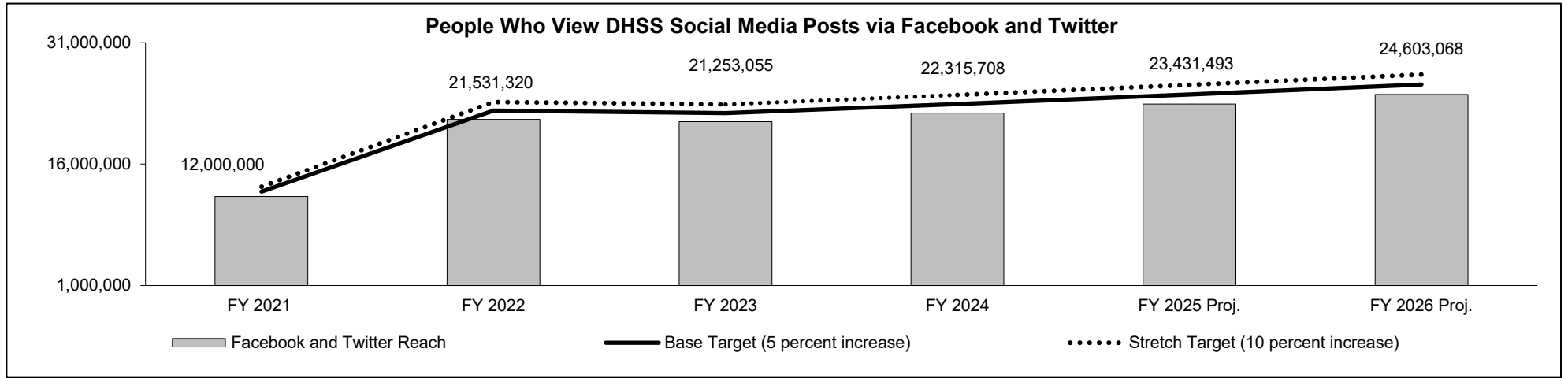
**2b. Provide a measure(s) of the program's quality.**



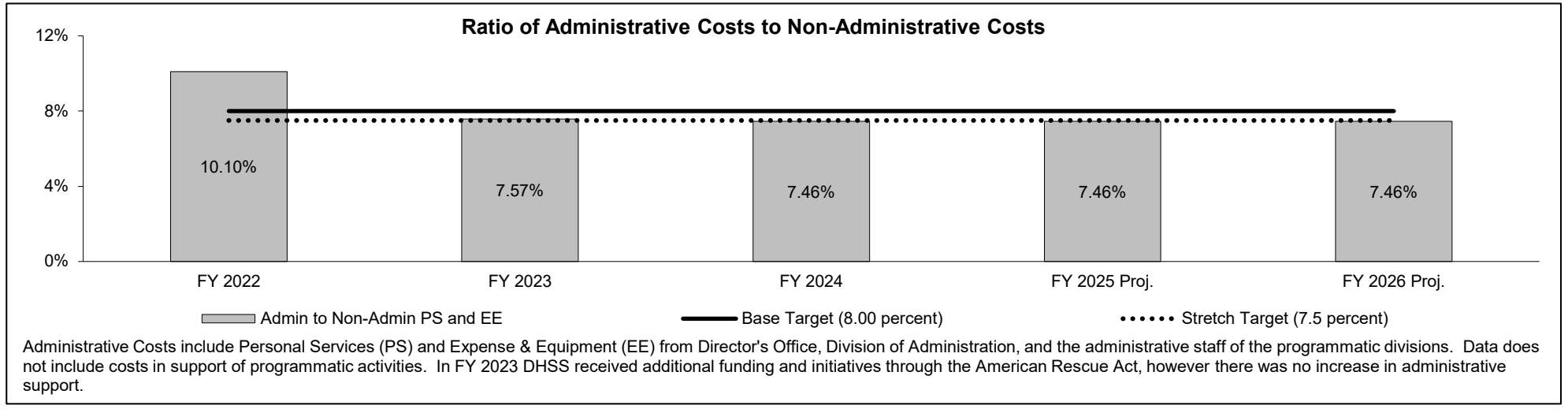
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.600  
**DHSS Director's Office**  
**Program is found in the following core budget(s):** Director's Office

**2c. Provide a measure(s) of the program's impact.**



**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

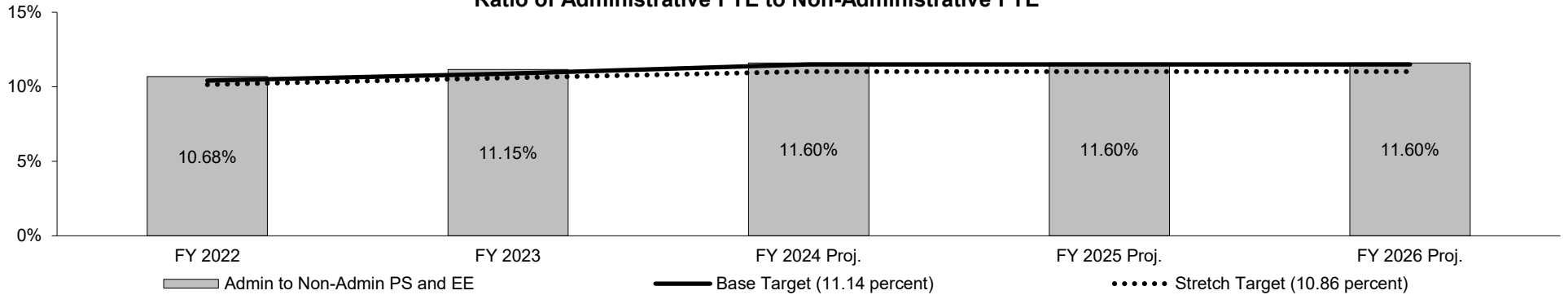
**Health and Senior Services**

**AB Section(s): 10.600**

**DHSS Director's Office**

**Program is found in the following core budget(s): Director's Office**

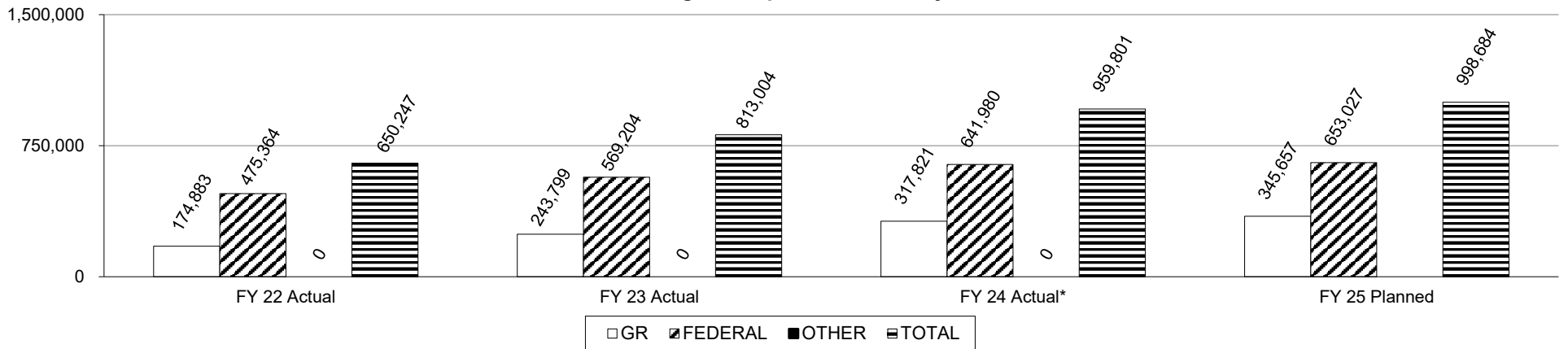
**Ratio of Administrative FTE to Non-Administrative FTE**



Administrative FTE include staff from Director's Office, Division of Administration, and the administrative staff of the programmatic divisions. Data does not include FTE performing programmatic activities. In FY 2023 The Division of Cannabis Regulation was established within the department creating additional Administrative FTE.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

**Program Expenditure History**



\* Based on rounding methodology in MOVERS for FY24, expenditures may be slightly different than those on CORE Forms.

**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.600</u>
<b>DHSS Director's Office</b>	
<b>Program is found in the following core budget(s):</b> Director's Office	
<b>4. What are the sources of the "Other " funds?</b> Not applicable.	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Section 191.400, RSMo (State Board of Health and Senior Services); Chapter 192, RSMo (department); and Sections 197.500, 198.070, 198.090, 208.912, and 208.915, RSMo (Employee Disqualification List).	
<b>6. Are there federal matching requirements? If yes, please explain.</b> No.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> The EDL program fulfills the requirements of 42.CFR 483.13, 42 CFR 483.156, and 42 CFR 488.335 requiring a state procedure for reporting findings to licensing boards and adding indicators to the Nurse Aid Registry for certified nurses aids who have abused or neglected residents or misappropriated funds or property.	





**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>		<b>AB Section(s):</b> <u>10.605</u>	
<b>Administration</b>			
<b>Program is found in the following core budget(s):</b> Administration			
<b>1a. What strategic priority does this program address?</b>			
Public Health System Building.			
<b>1b. What does this program do?</b>			
The Division of Administration provides administrative and financial support services for the Department of Health and Senior Services (DHSS). The Division includes Budget Services & Analysis, Financial Services, General Services, Human Resources, Procurement Services, and Performance Management. The Division assists the programmatic divisions to provide services to Missourians in a cost-effective manner which ensures fiscal accountability for taxpayer dollars.			
<ul style="list-style-type: none"> <li>• Budget Services &amp; Analysis prepares the departmental budget submissions and responds to all budget-related inquiries and fiscal note requests from Office of Administration (OA) and the Legislature.</li> <li>• Financial Services (accounts payable, grant accounting, and funds accounting) processes all grant applications, initiates federal draws related to grants, and prepares federal and state financial reports.</li> <li>• General Services provides warehouse, delivery, and mailroom services, including Department fleet vehicle management.</li> <li>• Human Resources provides personnel functions/employee relations, professional development, and recruitment.</li> <li>• Procurement Services reviews and processes all contracts and procurements.</li> <li>• Performance Management oversees continuous improvement projects within DHSS. Projects include developing placemat initiatives, maintaining the Department dashboard, and working cross-divisionally on continuous improvement projects with the Department's Lean Six Sigma team.</li> </ul>			
<b>2a. Provide an activity measure(s) for the program.</b>			
<b>Services Provided by the Division of Administration in Support of Programmatic Functions</b>			
Payment Documents	49,526	Fiscal Note Responses	760
Purchase Orders and Modifications	12,218	Health Literature Mailed	1,158,063
Grant and Contract Reports	781	Printing Requisitions	916
Contracts and Amendments	2,602	General Services Work Orders	2,640
Audit Reports Reviewed	357	Dental Supplies Shipped	3,024
Staff Development Trainings	73	General Staff Trained	900
Supervisory Staff Trained	1000	Lean Six Sigma Projects	4
Strategic Priorities	5	Strategic Objectives	17
Crosscutting Strategic Priorities	2		

**PROGRAM DESCRIPTION**

**Health and Senior Services**

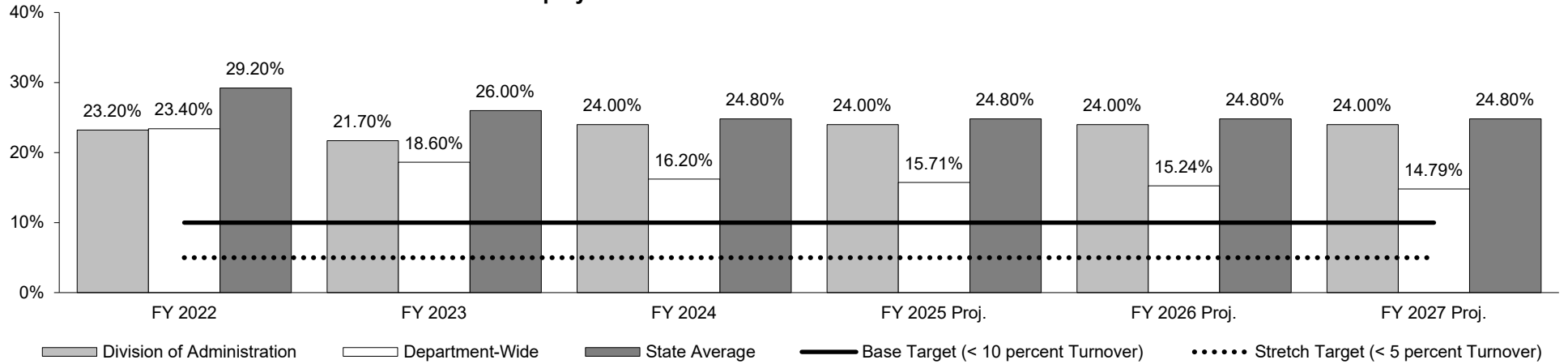
**AB Section(s): 10.605**

**Administration**

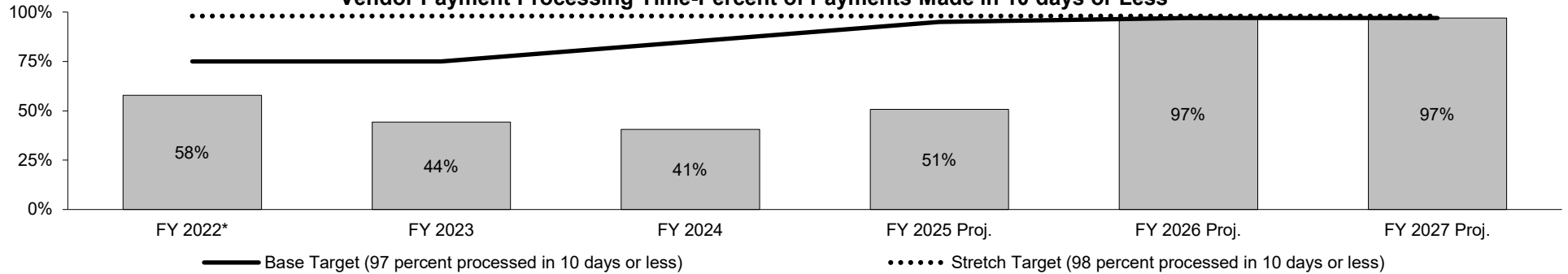
**Program is found in the following core budget(s): Administration**

**2b. Provide a measure(s) of the program's quality.**

**Employee Turnover Rate for Division of Administration**



**Vendor Payment Processing Time-Percent of Payments Made in 10 days or Less**

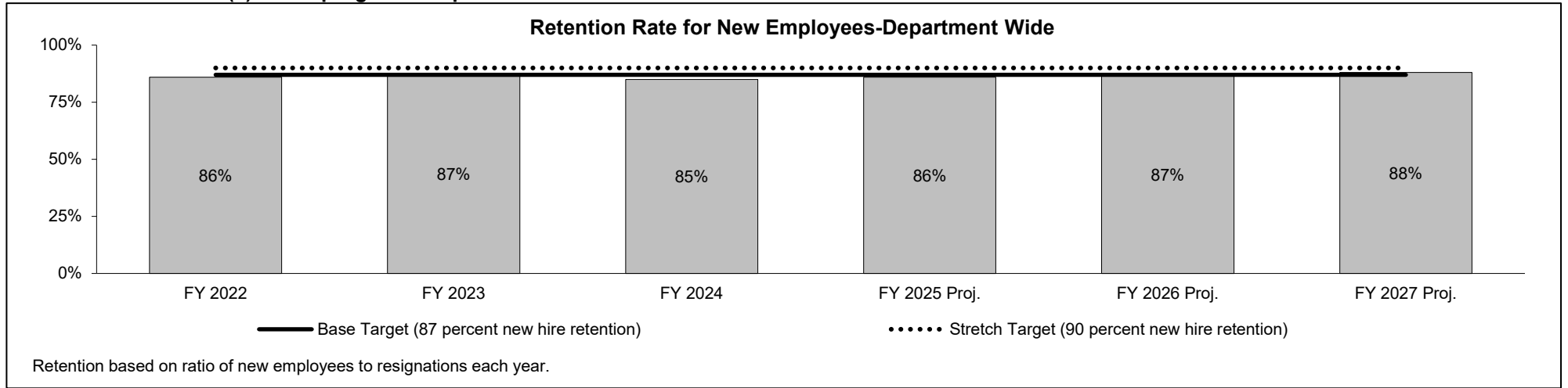


\*In FY 2022 and FY 2023 Accounts Payable experienced a high turnover rate, over a three month span in FY2022 and for over six months in FY 2023. Payment time went from 10 days or less to approximately 14 to 21 days. In FY 2024 Bureau of Finicail Services experienced an average turnover rate of 31percent.

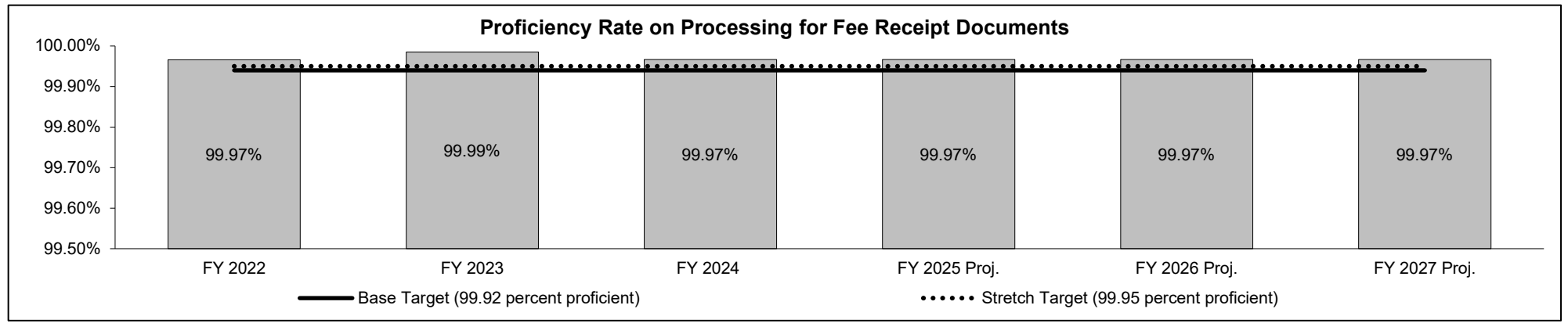
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s): 10.605**  
**Administration**  
**Program is found in the following core budget(s): Administration**

**2c. Provide a measure(s) of the program's impact.**



**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

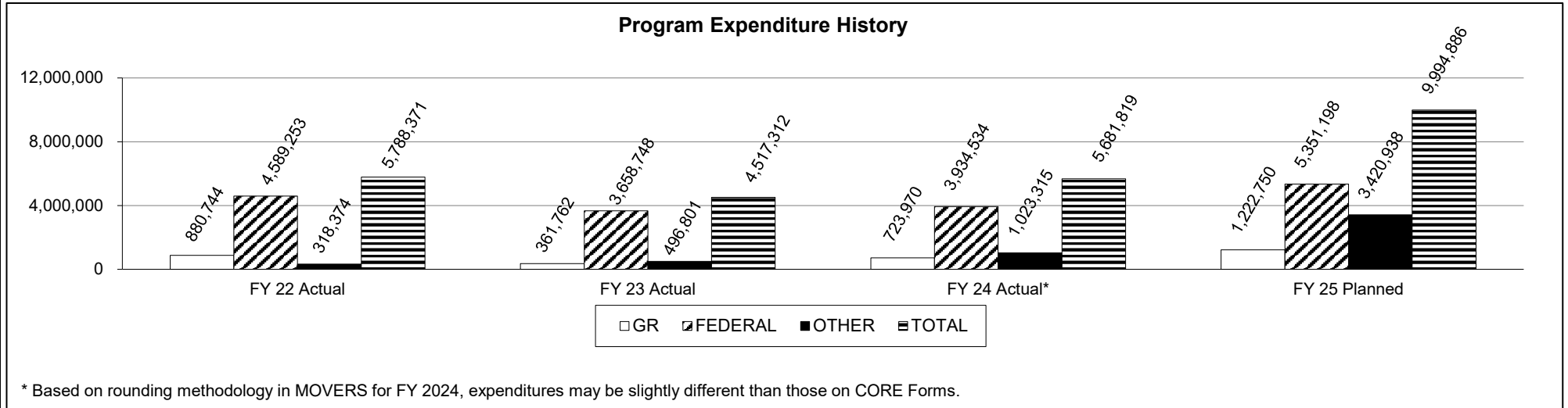
**Health and Senior Services**

**AB Section(s):** 10.605

**Administration**

**Program is found in the following core budget(s):** Administration

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe**



**4. What are the sources of the "Other " funds?**

Nursing Facility Quality of Care (1271), Health Initiatives (1275), Health Access Incentives (1276), Mammography (1293), Missouri Public Health Services (1298), Professional and Practical Nursing Loans (1565), Veterans Health and Care Fund (1606), Veterans Health Comm Reinvest (1608), Department of Health and Senior Services Document Services (1646), Department of Health and Senior Services-Donated (1658), Opioid Treatment and Recovery Fund (1705), Debt Offset Escrow (1753), Putative Father Registry (1780), Organ Donor (1824), and Childhood Lead Testing (1899).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Chapter 33, RSMo. - State Financial Administration, Chapter 34, RSMo. - State Purchasing and Printing, Section 37.450, RSMo. State Vehicle Fleet Manager, 1 CSR 10.3.010 Preapproval of Claims and Accounts, 1 CSR 10.11.010 State of Missouri Travel Regulations, 1 CSR 10.11.030 State of Missouri Vehicular Travel Regulations, 1 CSR 30.4 Facility Maintenance and Operation, 1 CSR 35.2.030.2 Leasing, 2 CFR Chapter 1, Chapter 11 Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Cooperative Agreement with OA for payment processing, DHSS Internal Control Plan, Cash Management Improvement of 1990 and 1992 (Funds Accounting), and state and departmental policies and procedures.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.



## PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.700

Cancer and Chronic Disease Control and Prevention

Program is found in the following core budget(s): **Cancer and Chronic Disease Control and Prevention**

### 1a. What strategic priority does this program address?

Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, Expand Access to Services, Include Diversity and Inclusion in All Practices, Programs and Services, and Plan for the Increase in the Aging Population.

### 1b. What does this program do?

The Chronic Disease Control program coordinates initiatives to help Missourians prevent and control chronic diseases through early detection and prevention services for breast and cervical cancer, cardiovascular disease, diabetes, stroke, and Alzheimer's disease; managing blood pressure and cholesterol; promoting health screening, increasing knowledge of signs and symptoms of heart disease and stroke; reducing health disparities; improving the quality of school health services; and providing quality chronic care management. Chronic disease program services include:

- Assessing the burden of cancer, heart disease, diabetes, asthma, arthritis, and other chronic diseases;
- Raising awareness of chronic disease through screening and early detection;
- Collaborating with public and private health care providers to eligible women for breast cancer, cervical cancer, cardiovascular disease, diabetes and stroke;
- Making referrals to care services for those diagnosed with chronic disease;
- Supporting evidence-based interventions, such as Community Health Workers, which provide for chronic disease self-management;
- Supporting quality improvement initiatives in the healthcare system which improve care services;
- Leveraging the reach of chronic disease programs through collaborations with stakeholders and partnerships; and
- Maintaining the Organ and Tissue Donor Registry to increase the number of people who receive life-saving transplants and education.

**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>				<b>AB Section(s): 10.700</b>		
<b>Cancer and Chronic Disease Control and Prevention</b>						
<b>Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention</b>						
<b>2a. Provide an activity measure(s) for the program.</b>						
	<b>FY 2022*</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>	<b>FY 2027 Proj.</b>
Number of women screened/served for breast and cervical cancer	5,130	3,941	3,575	4,215	3,910	3,900
Number of women screened for heart disease and stroke through the WISEWOMAN program	595	504	199**	420	361	314
Number of women who were referred to or participated in WISEWOMAN health coaching	554	583	199**	435	395	332
Provider Claims Processed	10,239	7,670	6,458	8,122	7,417	7,332
Donate Life Missouri Registry Enrollees (all ages)	4,213,292	4,329,159	4,448,211	4,570,538	4,570,538	4,570,538
*Beginning June 30, 2022, the SMHW program expanded income eligibility criteria from 200 percent FPL to 250 percent FPL.						
**During grant year 2023-2024 there were many CDC-related delays with the new MDE manual being published six months after the grant year started. This delay negatively impacted the WISEWOMAN program's ability to provide services to clients and negatively impacted providers' ability to bill the Department of Health and Senior Services.						
<b>2a. Provide an activity measure(s) for the program (continued).</b>						
	<b>CY 2022</b>	<b>CY 2023</b>	<b>CY 2024 Proj.</b>	<b>CY 2025 Proj.</b>	<b>CY 2026 Proj.</b>	<b>CY 2027 Proj.</b>
Participants enrolled in National Diabetes Prevention Programs	18,000	20,709	2100***	23,000	25,000	27,000
Participants in ADA-recognized* or ADCES-accredited** Diabetes Self-Management Education and Support Services (DSMES)	15,685	16,000	16250***	16,750	17,000	17,500
Number of adults participating in Self-Measured Blood Pressure (SMBP) through a health clinic.	1,973	Data Not Collected	1000****	2,200	2,700	3,300
*American Diabetes Association.						
**Association of Diabetes Care and Education Specialists.						
*** Data available Setepmber 2024.						
**** Data available January 2025.						



**PROGRAM DESCRIPTION**

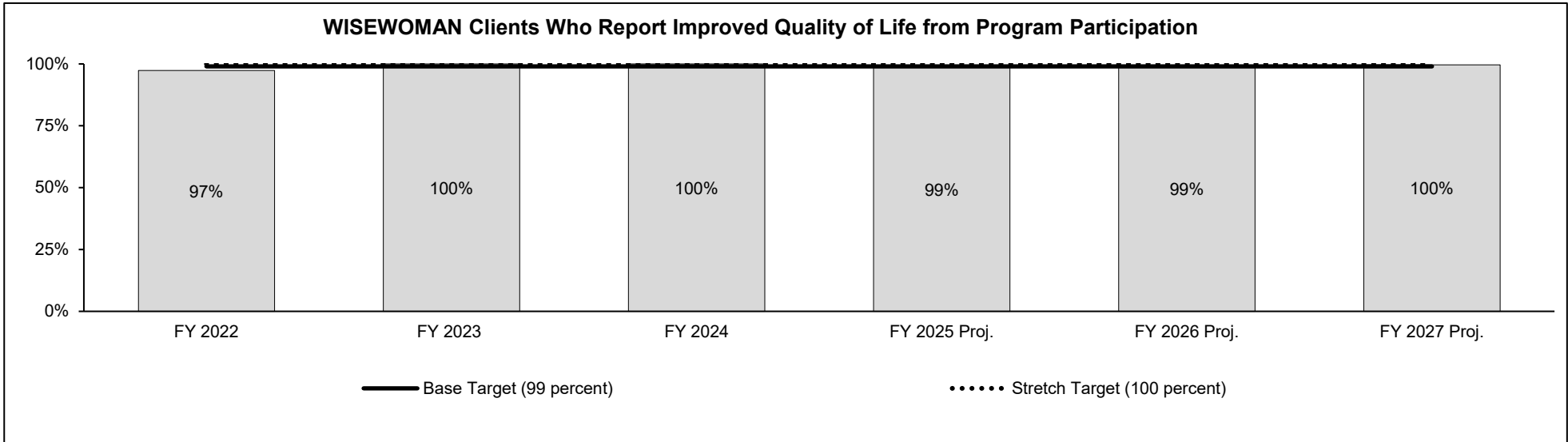
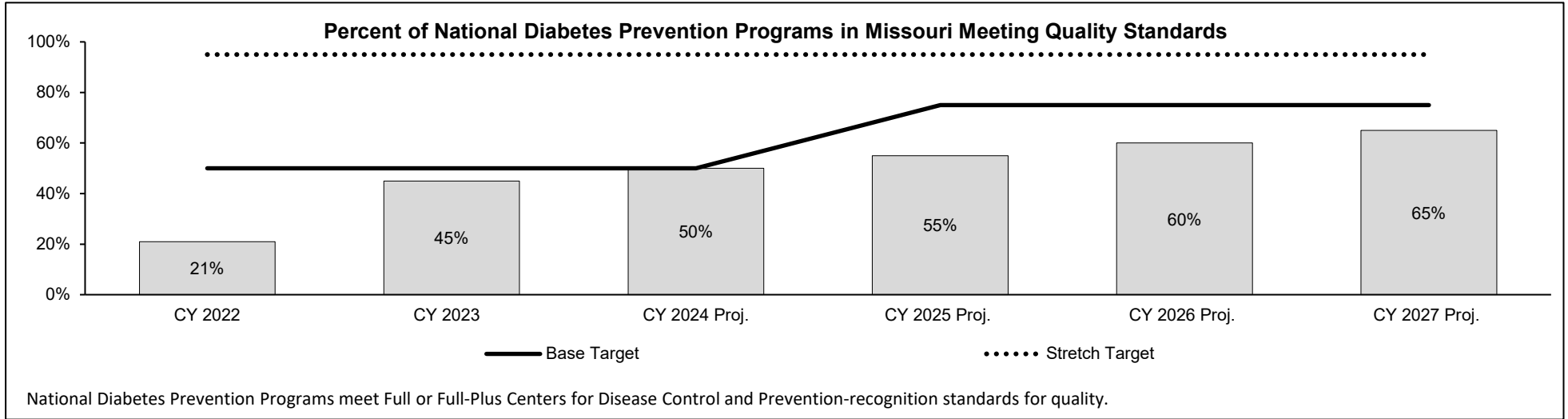
**Health and Senior Services**

AB Section(s): 10.700

**Cancer and Chronic Disease Control and Prevention**

**Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention**

**2b. Provide a measure(s) of the program's quality.**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

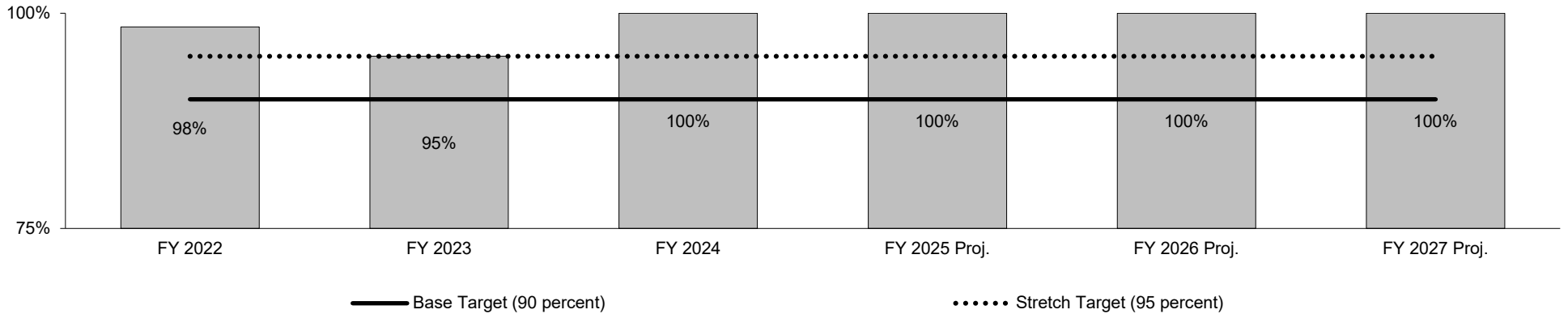
**AB Section(s): 10.700**

**Cancer and Chronic Disease Control and Prevention**

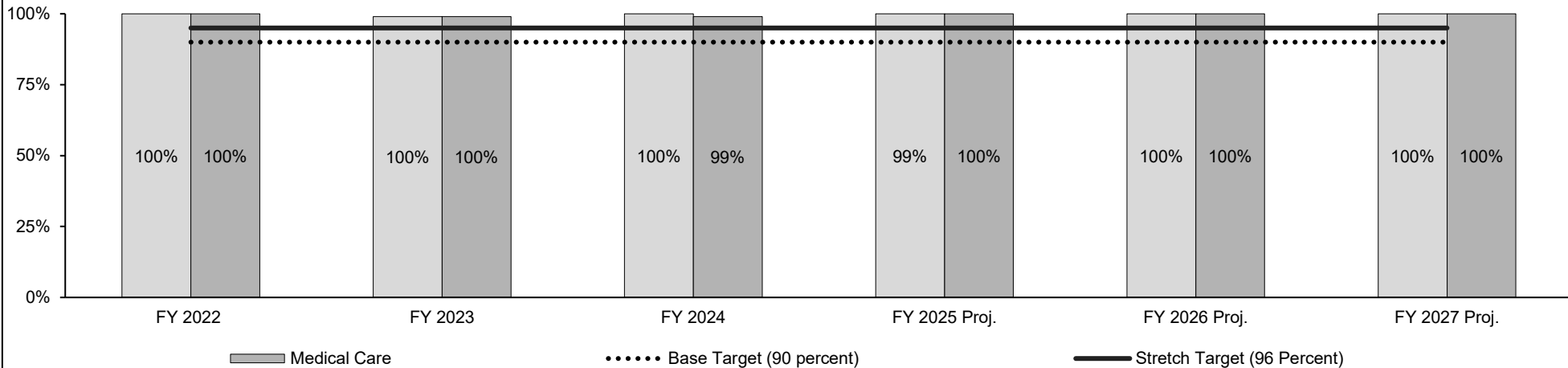
**Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention**

**2b. Provide a measure(s) of the program's quality. (continued)**

**WISEWOMAN Clients Who Were Satisfied with Program Services**



**Show-Me Healthy Women Clients Who Were Satisfied with Program Services and Medical Care**



**PROGRAM DESCRIPTION**

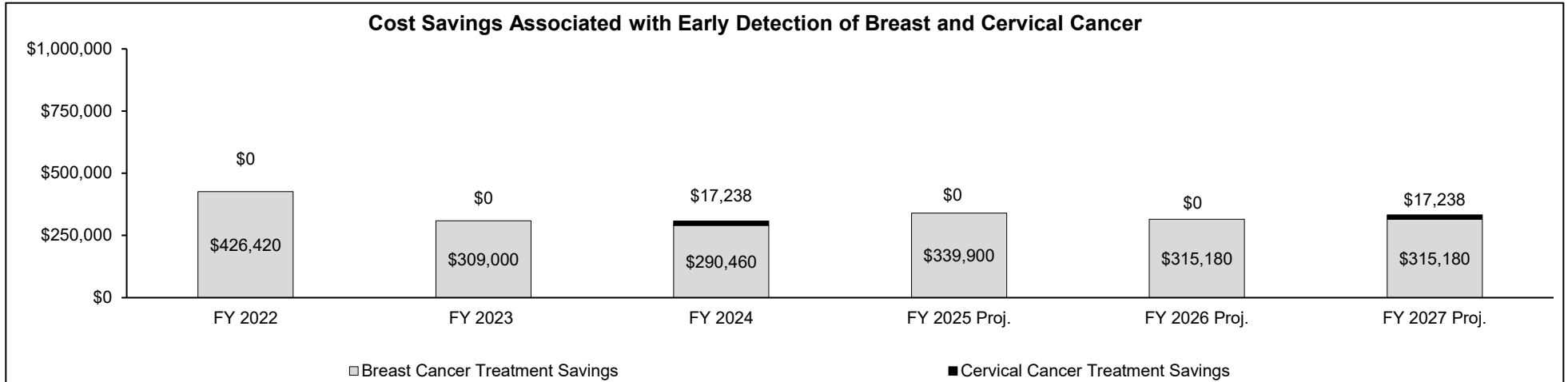
**Health and Senior Services**

AB Section(s): 10.700

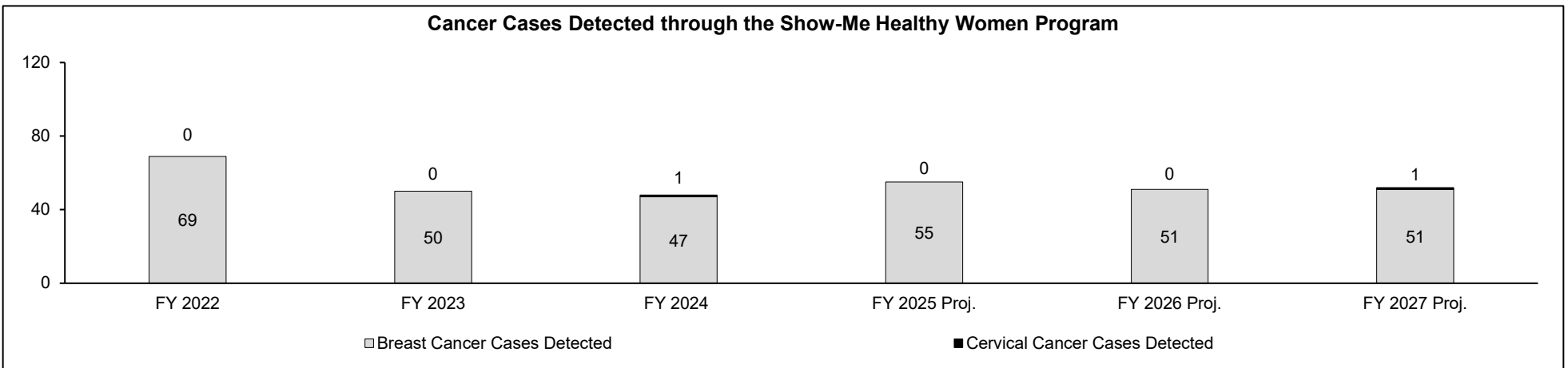
**Cancer and Chronic Disease Control and Prevention**

**Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention**

**2c. Provide a measure(s) of the program's impact.**



Detecting and treating breast and cervical cancers at an early stage saves lives. Early detection also results in savings to treatment of the cancer. Per the source below, it is estimated treatment costs savings associated with screening (on average per case for all stages of detection) is \$6,180 for breast cancer and \$17,238 for cervical cancer. Source: Kakushadze, Zura; Raghubanshi, Rakesh; Yu, Willie, Estimating Cost Savings from Early Cancer Diagnosis. Data 2017, 2, 30; doi:10.3390/data2030030, published online by MDPI. [https://res.mdpi.com/data/data-02-00030/article\\_deploy/data-02-00030-v2.pdf?filename=&attachment=1](https://res.mdpi.com/data/data-02-00030/article_deploy/data-02-00030-v2.pdf?filename=&attachment=1)



**PROGRAM DESCRIPTION**

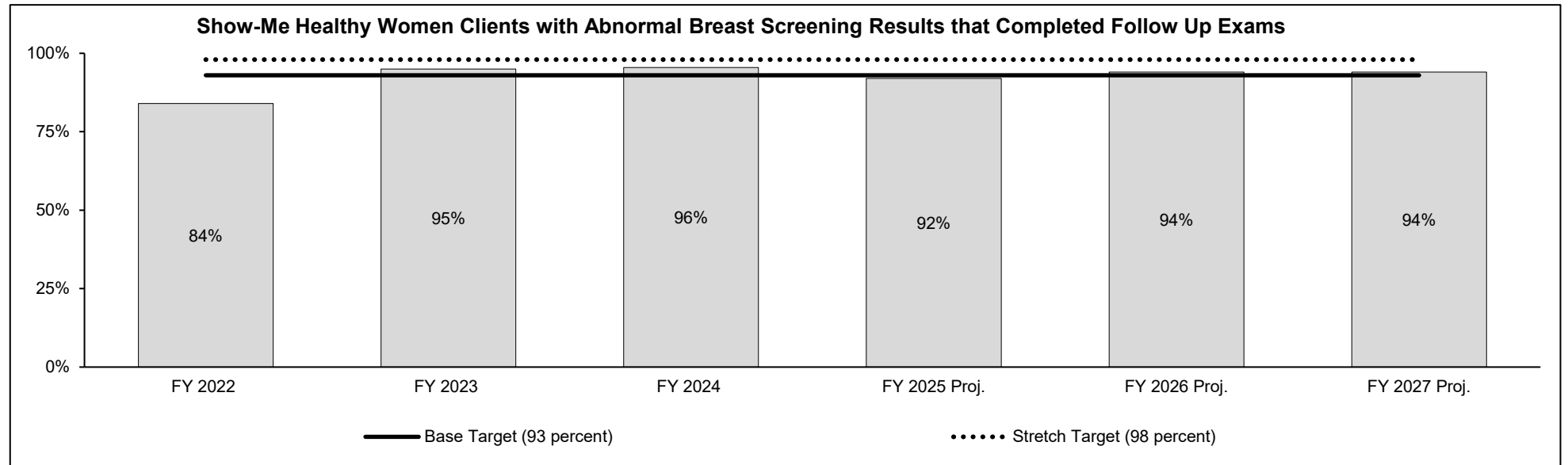
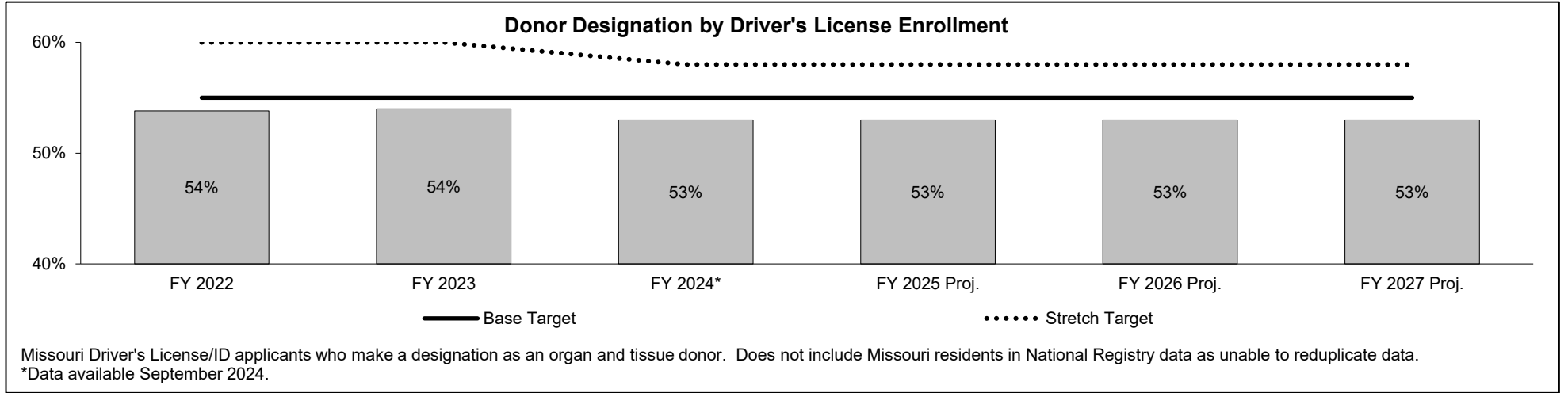
**Health and Senior Services**

**AB Section(s):** 10.700

**Cancer and Chronic Disease Control and Prevention**

**Program is found in the following core budget(s):** Cancer and Chronic Disease Control and Prevention

**2c. Provide a measure(s) of the program's impact. (continued)**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

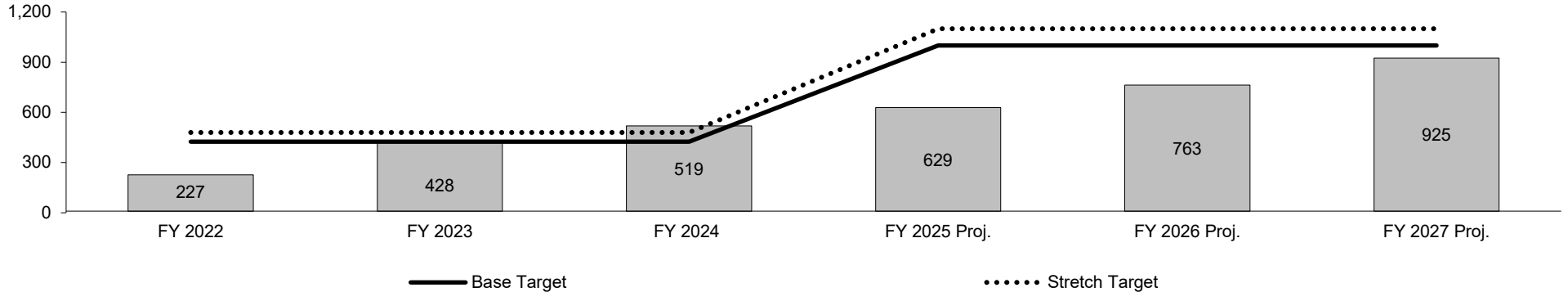
AB Section(s): 10.700

**Cancer and Chronic Disease Control and Prevention**

**Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention**

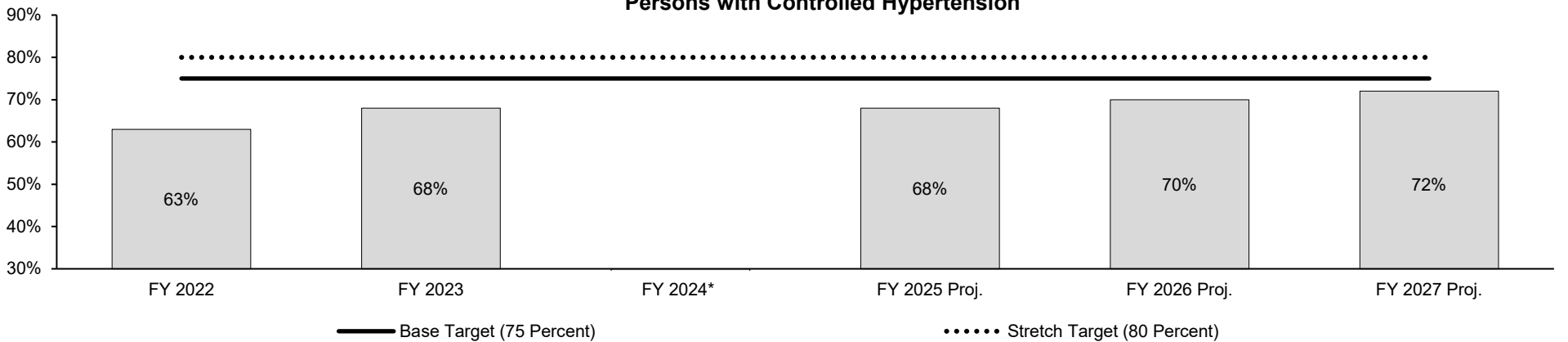
**2c. Provide a measure(s) of the program's impact. (continued)**

**Credentialed Community Health Workers**



Credentialing ensures that Community Health Workers (CHW) have received intensive training in the core competencies required to be a CHW. Credentialed CHW's also have better reimbursement rates and a higher sustainability within the agency they serve. The program provides funding to community colleges around the state to offer credentialing training to CHW's. The program began credentialing December 2019.

**Persons with Controlled Hypertension**



\*There was not a contract to collect the data during FY 2024.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

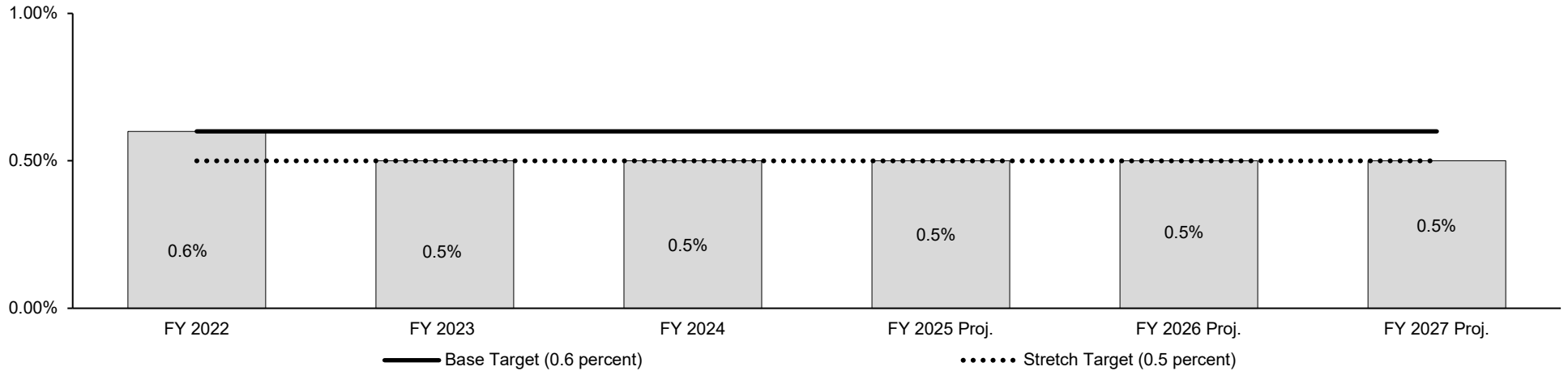
AB Section(s): 10.700

**Cancer and Chronic Disease Control and Prevention**

**Program is found in the following core budget(s): Cancer and Chronic Disease Control and Prevention**

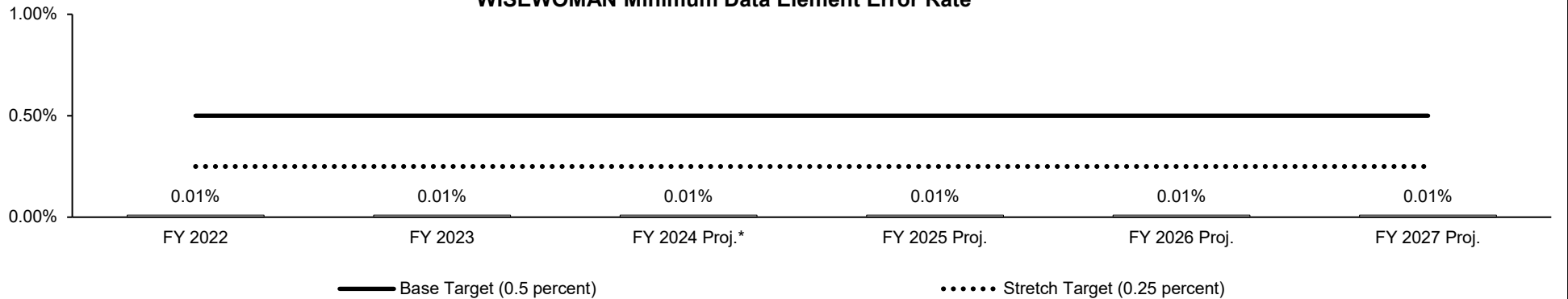
**2d. Provide a measure(s) of the program's efficiency.**

**Show-Me Healthy Women Minimum Data Element Error Rate**



The CDC's goal is <1 percent error rate. Errors in data entry may affect eligibility, enrollment, and timely processing of provider payments.

**WISEWOMAN Minimum Data Element Error Rate**



The CDC's goal is <1 percent error rate. Errors in data entry may affect eligibility, enrollment, and timely processing of provider payments.

\*FY 2024 Data available December 2024.

**PROGRAM DESCRIPTION**

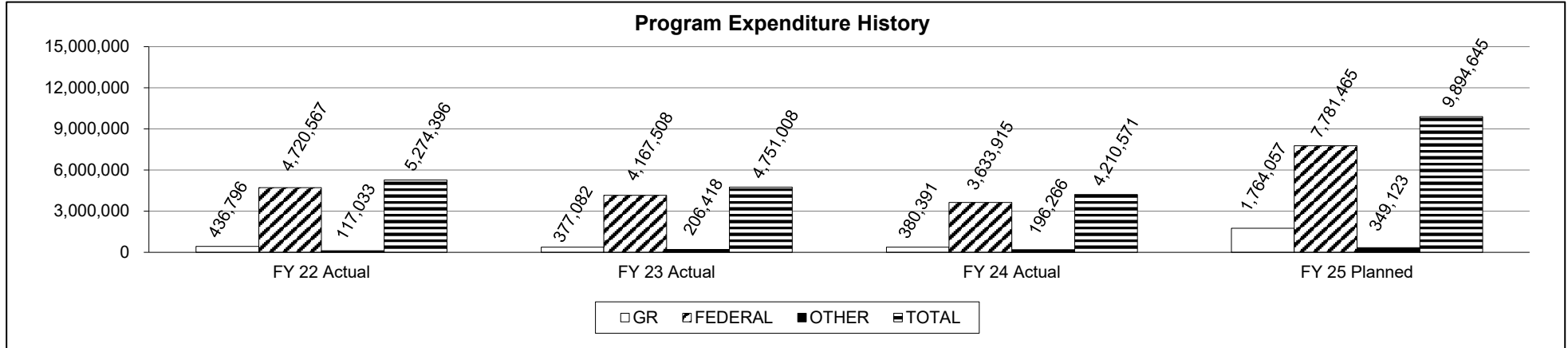
**Health and Senior Services**

**AB Section(s):** 10.700

**Cancer and Chronic Disease Control and Prevention**

**Program is found in the following core budget(s):** Cancer and Chronic Disease Control and Prevention

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Initiative (0275), Department of Health and Senior Services - Missouri Public Health Services (0298), Donated (0658), and Organ Donor Program Fund (0824).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Arthritis and Osteoporosis: Sections 192.700-725, RSMo; Asthma: Section 317 (k)(2) and 3171 of the Public Health Service Act, [42 U.S.C. Sections 247b and 247b-10], as amended; Breast and Cervical Cancer Mortality Prevention Act of 1990, PL.354, 42 USC Section 247b(k)(2). Congress amended the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) PL 101-354 in 1993 to create the WISEWOMAN Program. Federal program award number 5 NU58DP006650-04-00; Organ and Tissue Donation: Chapter 58 and 194, RSMo, Sections 9.157, 9.159, 9.351, 105.266, 143.1016, 170.311, 188.036, 191.677.1, 192.1120, 301.020.8, 301.3125, 302.171, 302.181, 332.081, 376.1590, and 431.069, RSMo, National Organ Transplant Act PL 98-507, Organ donor Leave Act PL 106-56, Organ Donation and Recovery Improvement Act PL 108-216, Charlie W. Norwood Living Organ Donation Act PL 110-144, The Hope Act PL 113-51, 42 U.S. Code Section 274e Prohibition of Organ Purchases; Heart Disease, Stroke and Diabetes: Section 317(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247b (k)(2); Section 301(a) of the PHS Act, 42 U.S.C. 241(a); Cancer: Sections 192.050, 192.650-657, 208.151, and Chapter 376, RSMo, Public Health Service Act Sections 307 and 317 (k)(1) [42 USC 2421 and 247 b(k)(1)], Cancer Registries Amendment Act, PL 102-515).

**6. Are there federal matching requirements? If yes, please explain.**

The Show-Me Healthy Women program requires a one dollar non-federal, three dollar federal match and maintenance of effort. WISEWOMAN program requires a one dollar non-federal, three dollar federal match.

**7. Is this a federally mandated program? If yes, please explain.**

No.

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.705</u>
<b>Communicable Disease Control and Prevention</b>	
<b>Program is found in the following core budget(s): Communicable Disease Control and Prevention</b>	
<b>1a. What strategic priority does this program address?</b> Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, and Expand Access to Services.	
<b>1b. What does this program do?</b> The Bureau of Communicable Disease Control and Prevention (BCDCP) includes three program areas: general communicable diseases, tuberculosis elimination, and zoonotic diseases. These programs improve the health of Missourians through the prevention and control of communicable diseases and communicable disease outbreaks. These programs provide the following services: <ul style="list-style-type: none"><li>• Conducting surveillance and investigation activities for more than 90 different communicable diseases and conditions of public health importance in Missouri. The majority of the diseases are mandated for reporting by healthcare providers and clinical laboratories.</li><li>• Responding to communicable disease threats such as anthrax, Ebola, influenza, highly pathogenic avian influenza, multi-drug resistant tuberculosis, measles, mpox, rabies, Rocky Mountain spotted fever, and West Nile virus.</li><li>• Providing training and technical assistance to local health officials on the application of epidemiologic methods to rapidly identify and respond to cases and outbreaks of communicable diseases of public health importance. The prompt identification and implementation of appropriate control measures prevents additional illnesses occurring in Missouri.</li><li>• Coordinating with government (at all levels), community organizations, hospitals, health care providers, and the media to implement control measures, and educate the public during local, statewide, national, and worldwide outbreaks of communicable diseases.</li><li>• Assisting with community planning and response for emergencies such as bioterrorism, pandemic influenza and other pandemics, and natural disasters such as flooding and earthquakes. Program staff are also responsible for public health surveillance, disease investigation, and disease related community education associated with these events.</li></ul>	
The Immunization Program works to increase immunization participation to protect Missourians against vaccine-preventable diseases based on the recommendations of the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP). This program provides the following services: <ul style="list-style-type: none"><li>• Providing vaccines to eligible children and adults through the federal entitlement Vaccines for Children (VFC) Program and Public Health Act Section 317 funding.</li><li>• Offering education, immunization record assessments, and quality improvement strategies for health care professionals to increase coverage rates.</li><li>• Maintaining a central immunization registry, ShowMeVax, which tracks immunization records and is used to conduct immunization validations required for school and childcare; forecasts need and manages centralized vaccine inventory; and allows providers to order vaccine and track shipments.</li><li>• Offering technical assistance to health care providers and the general public regarding vaccine recommendations, safety, schedules, and other general information.</li><li>• Focusing on the provision of services to prevent and control vaccine-preventable outbreaks in vulnerable populations through immunization of VFC/317-eligible populations and is an integral participant in pandemic planning.</li></ul>	



**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.705

**Communicable Disease Control and Prevention**

**Program is found in the following core budget(s): Communicable Disease Control and Prevention**

**1b. What does this program do? (continued)**

The Healthcare-associated Infections and Antimicrobial (AP) Resistance Program (HAI/AR) program works with healthcare facilities (hospitals, long-term care facilities, dialysis centers, etc.) to increase surveillance and response activities for infections occurring in healthcare facilities, including pathogens developing resistance to antibiotics.

- Conducting surveillance and investigation activities for cases and outbreaks of healthcare-associated infections of public health importance in Missouri. Many pathogens linked to healthcare-associated infections have developed resistance to frequently used antibiotics. The pathogens include, but are not limited to, Carbapenemase-producing organisms, drug resistant *Candida auris*, Vancomycin-resistant Enterococci.
- Providing training and technical assistance to healthcare facilities and local health officials on the application of infection control practices and epidemiologic methods to prevent, rapidly identify, and respond to cases and outbreaks of healthcare-associated infections. The rapid identification of healthcare-associated infections and implementation of effective control measures helps to prevent additional illnesses in healthcare facilities in Missouri.
- Coordinating with government (at all levels) to implement control measures, and educate the public during local, statewide, national, and worldwide outbreaks of healthcare-associated and antimicrobial resistant (AP) disease threats of public health importance.
- Training and technical assistance to healthcare facilities on implementing antimicrobial stewardship activities to slow the spread of antimicrobial resistance in organisms of public health importance. (AP)

**2a. Provide an activity measure(s) for the program.**

	<b>CY 2022</b>	<b>CY 2023</b>	<b>CY 2024 Proj.</b>	<b>CY 2025 Proj.</b>	<b>CY 2026 Proj.</b>	<b>CY 2027 Proj.</b>
Conditions Reported to DHSS for Surveillance and Investigation*	159,127	60,608	116,698	120,000	120,000	120,000
Communicable Disease Outbreaks	73	64	87	95	100	105
Principles of Epidemiology Training Attendees	72	47	47	50	50	50
DHSS Staff Visits and Technical Assistance to Vaccines for Children Providers	694	712	725	725	725	725
Vaccines Distributed**	1,032,076	1,007,944	1,005,370	1,100,000	1,200,000	1,300,000

\* Conditions reported does not include COVID-19, HIV, Hepatitis B and C, and sexually transmitted infections. The variability in reported cases during a calendar year is often impacted by the timing and severity of seasonal influenza.

\*\*\* Vaccines Distributed are reported by State Fiscal Year.

**PROGRAM DESCRIPTION**

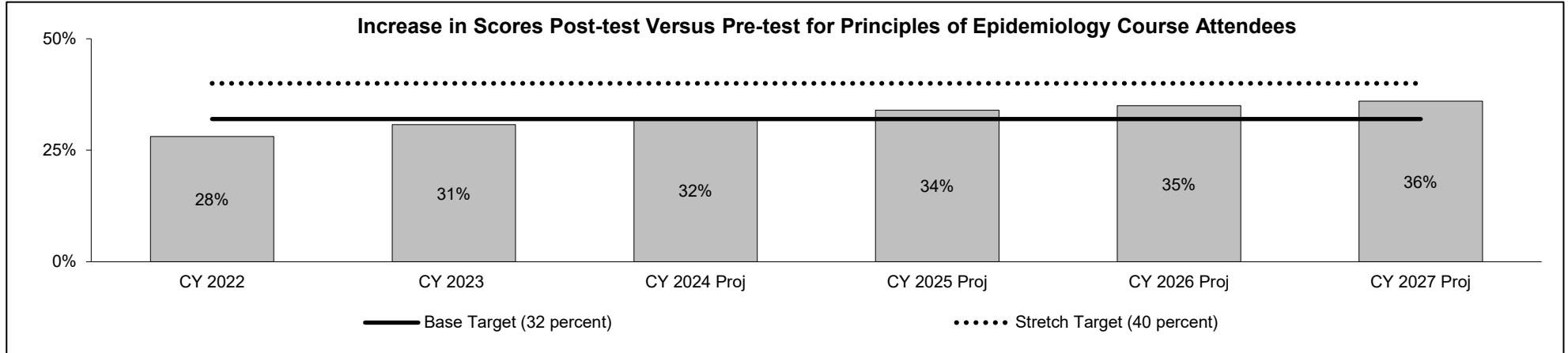
**Health and Senior Services**

**AB Section(s):** 10.705

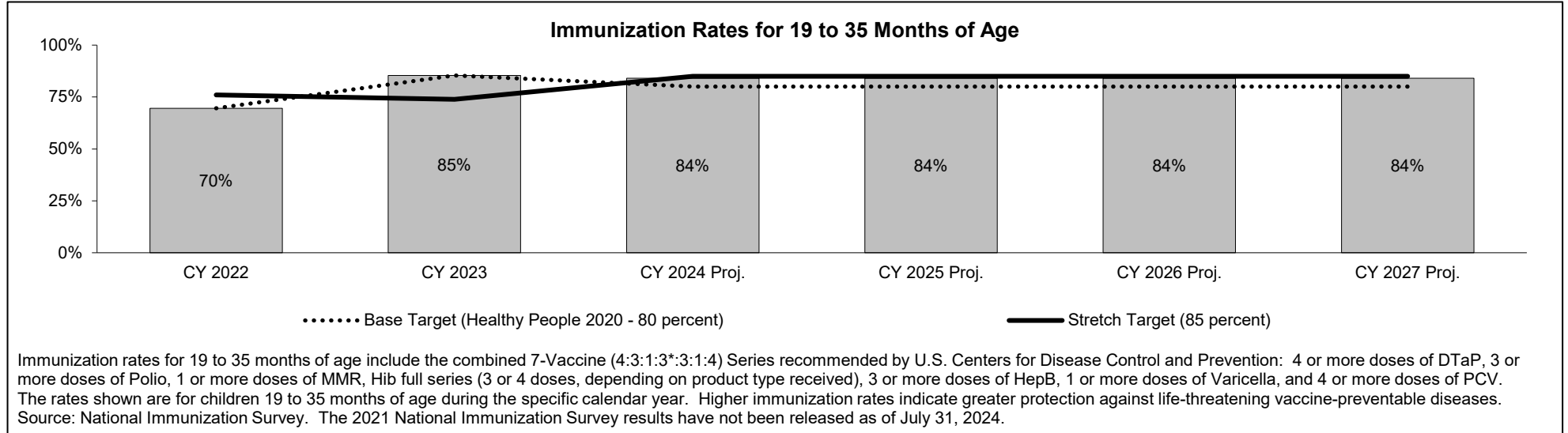
**Communicable Disease Control and Prevention**

**Program is found in the following core budget(s):** Communicable Disease Control and Prevention

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

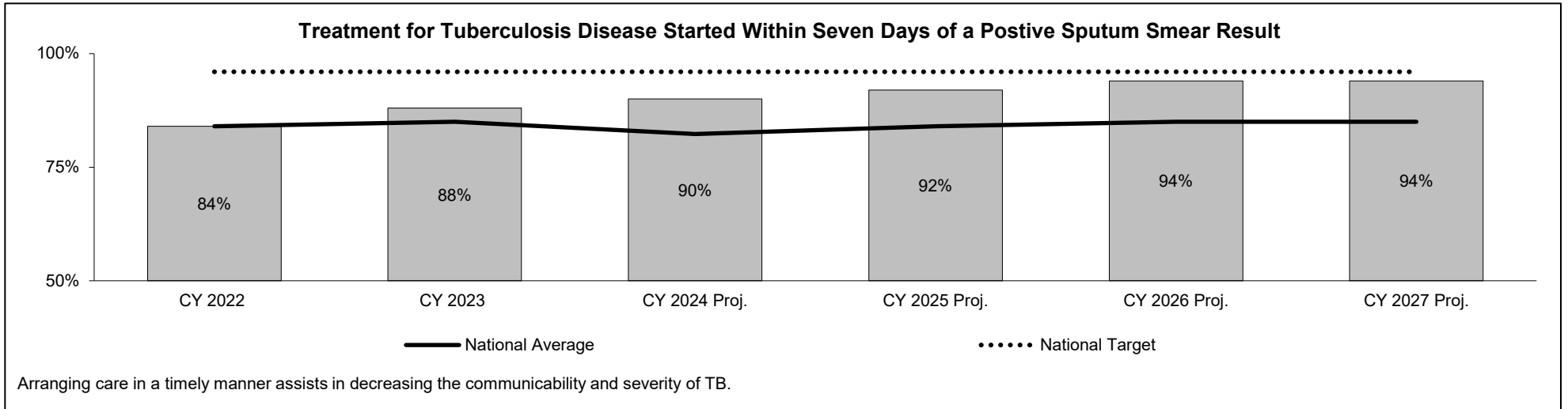
**Health and Senior Services**

**AB Section(s):** 10.705

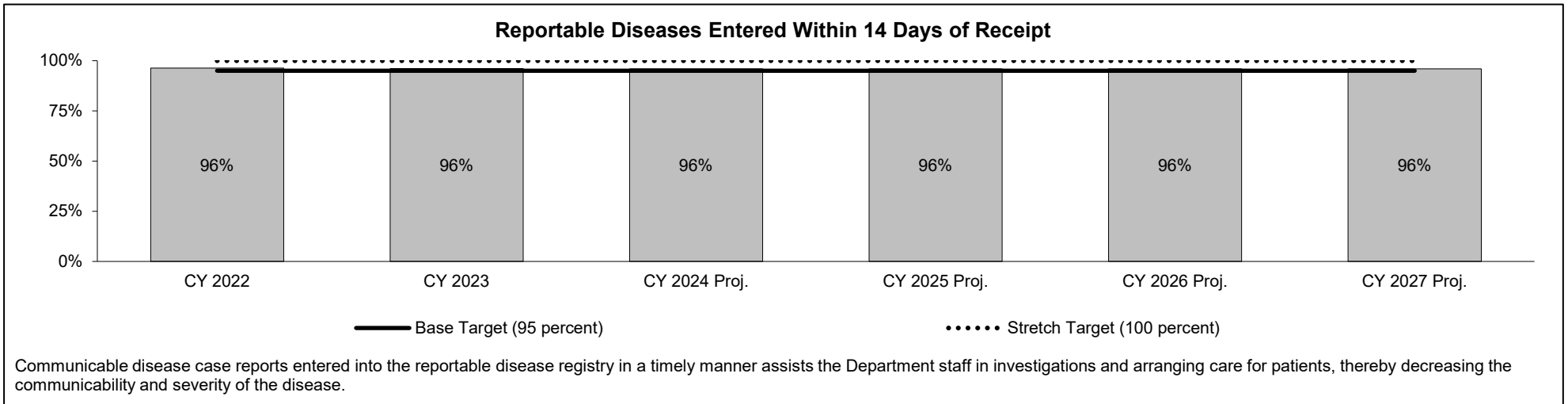
**Communicable Disease Control and Prevention**

**Program is found in the following core budget(s):** Communicable Disease Control and Prevention

**2c. Provide a measure(s) of the program's impact. (continued)**



**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

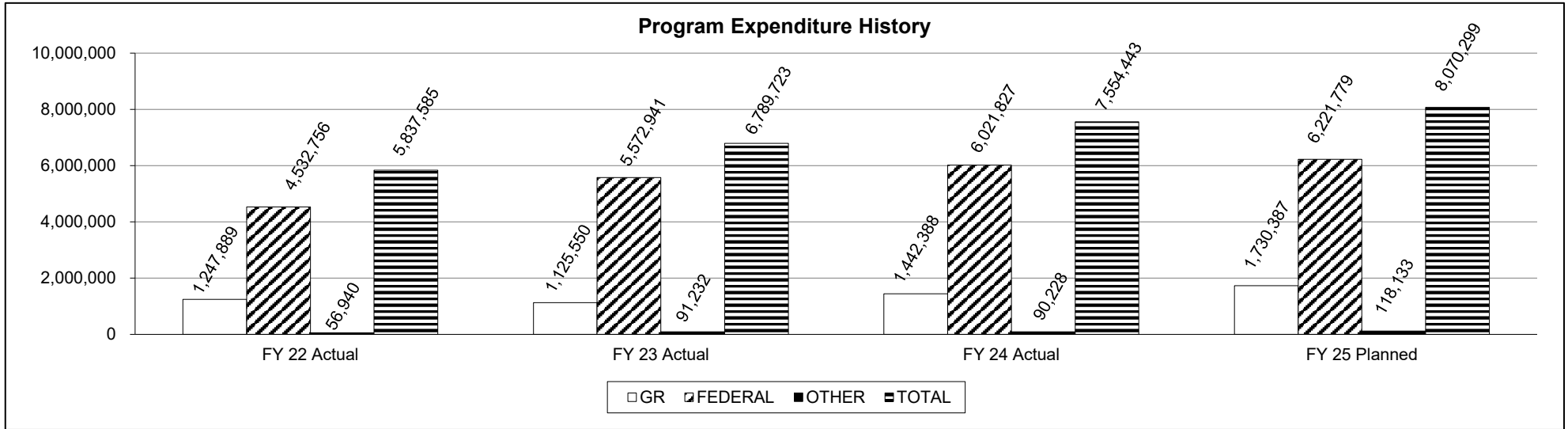
**Health and Senior Services**

**AB Section(s):** 10.705

**Communicable Disease Control and Prevention**

**Program is found in the following core budget(s):** Communicable Disease Control and Prevention

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Initiatives (0275).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 192.020, 192.110, 192.138, 192.139, 192.320, 199.170-199.350, and 701.328, RSMo. Sections 167.181, 167.183, 192.006, 192.020, 192.072, 192.630, 210.003, and 210.030, RSMo. Section 317 of the Public Health Service Act, 42 USC Section 247b, as amended; Section 1902(a)(62) of the Social Security Act, 42 USC Section 1396(a)(62); Section 1928(a) of the Social Security Act, 42 USC Section 1396s(a).

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

Immunization programs are required in every U.S. state and territory. Missouri's immunization program is 100 percent federally funded.

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.710

**Community Health and Wellness Initiatives**

**Program is found in the following core budget(s):** Community Health and Wellness Initiatives

**1a. What strategic priority does this program address?**

Improve the health and safety of Missourians most in need.

**1b. What does this program do?**

The Community Health Initiatives program implements evidence-based interventions to improve health risks and reduce disparities in communities, child care centers, schools, and worksites to reduce tobacco use and exposure to secondhand smoke; prevent unintentional injuries and overdose incidents; support access to substance use disorder treatment, recovery and prevention services; reduce teen pregnancies; reduce obesity; improve maternal, infant and child health; and improve the management of chronic diseases for children in the school setting. The program accomplishes these by sharing staff knowledge and expertise, providing resources and programs, and fostering local, state, and federal partnerships. Activities focus on system-level and policy changes that create environments where making a healthy choice is the easy choice, and works with and in Missouri communities to create an environment and culture that supports optimum health/well-being across the lifespan. The program accomplishes this by sharing staff knowledge and expertise, providing resources and programs, and fostering local, state, and federal partnerships. Activities focus on system-level and policy changes that create environments where making a healthy choice is the easy choice.

The initiative activities include the following:

- Providing professional development opportunities for stakeholders such as childcare providers, school health and food service professionals, local public health agencies, and employers.
- Developing and disseminating resources such as toolkits on increasing physical activity in childcare, implementing farm-to-preschool programs, passing and implementing school tobacco use policies, implementing worksite wellness programs, navigating youth mental health crises, implementing naloxone protocols in schools providing Fentanyl Test Strips through local public health agencies and STI and HIV testing sites
- Providing technical assistance and consultation services to a variety of stakeholders on reducing tobacco use and exposure to secondhand smoke; preventing unintentional injuries; reducing teen pregnancy; reducing obesity; improving maternal, infant and child health; and improving the management of children with chronic disease in the school setting.
- Overseeing Missouri Tobacco Quit Services, which provides tobacco cessation services, including phone and online coaching programs and nicotine replacement therapies to eligible callers.
- Administering contracts to local agencies to implement evidence-based prevention strategies, including 10 Safe Kids contracts to provide local injury prevention services; MCH Services contracts with 111 LPHAs to support building and expanding a community-based system to respond to priority health issues, ensure access to quality MCH services, reduce health disparities and promote health within the MCH population; and technical assistance contracts with subject matter experts to assist communities with implementation of smoke-free air policies, complete streets policies, food service guidelines, and other various system and policy change strategies.
- Providing leadership across state and national organizations to create cohesive strategies to catalyze change, including leading the Missouri Injury and Violence Prevention Advisory Committee and Council for Adolescent and School Health.
- Conducting outreach campaigns such as Connect with Me, a campaign to encourage adults to have conversations with youth regarding healthy development, and other campaigns to raise awareness of the harms of exposure to secondhand smoke, tobacco and youth vaping use, and the risks associated with cannabis use among the public and youth populations under the age of 21.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

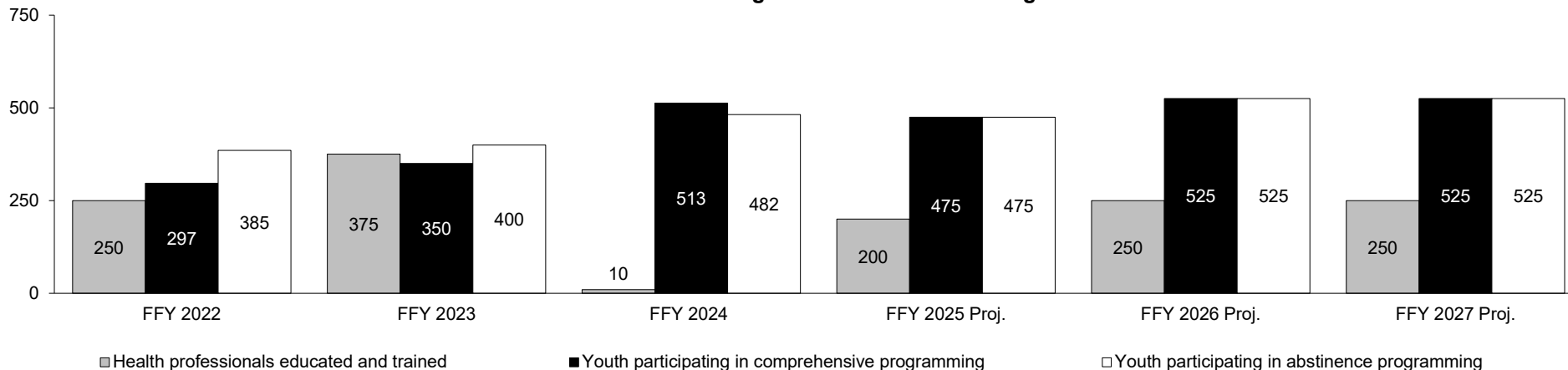
**AB Section(s):** 10.710

**Community Health and Wellness Initiatives**

**Program is found in the following core budget(s):** Community Health and Wellness Initiatives

**2a. Provide an activity measure(s) for the program.**

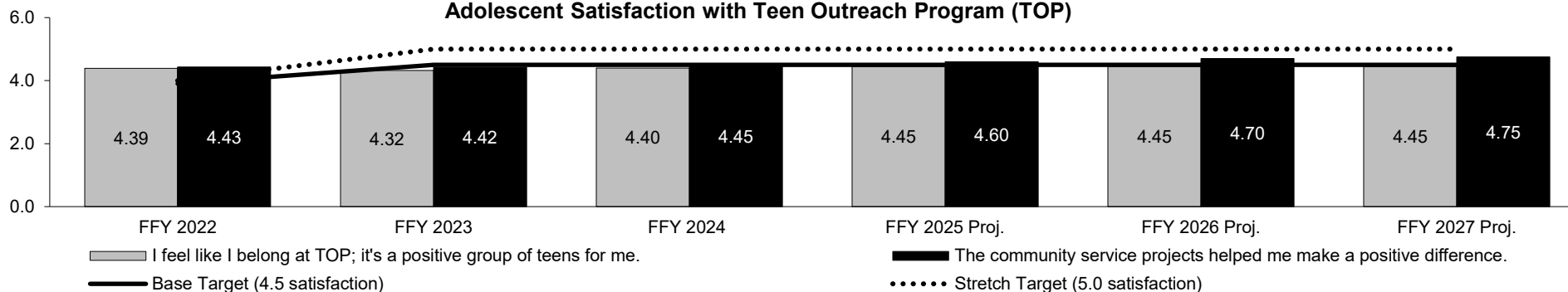
**Clients Served through Adolescent Health Program**



Total number served limited by federal grant funding.

**2b. Provide a measure(s) of the program's quality.**

**Adolescent Satisfaction with Teen Outreach Program (TOP)**



Range of satisfaction is from one to four, with four being the highest score possible.

**PROGRAM DESCRIPTION**

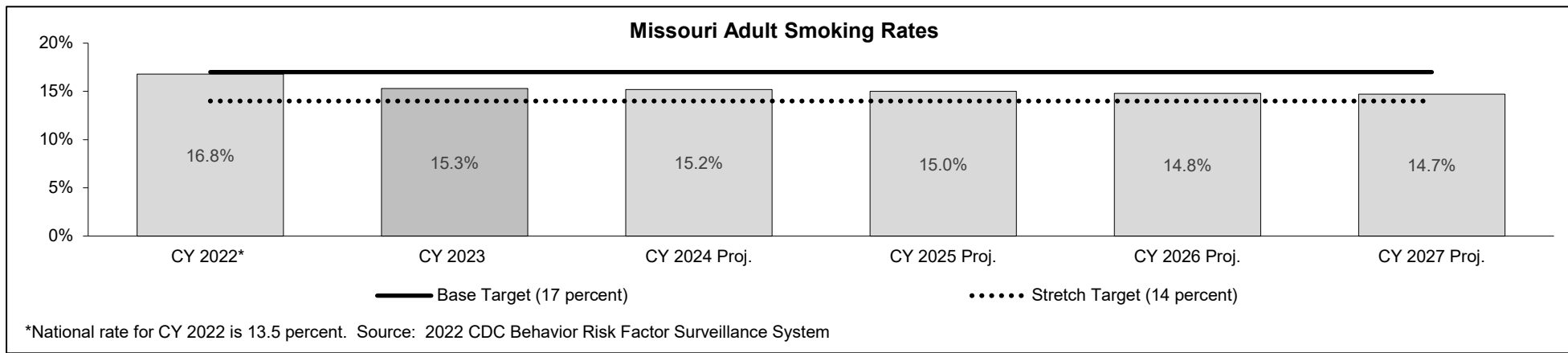
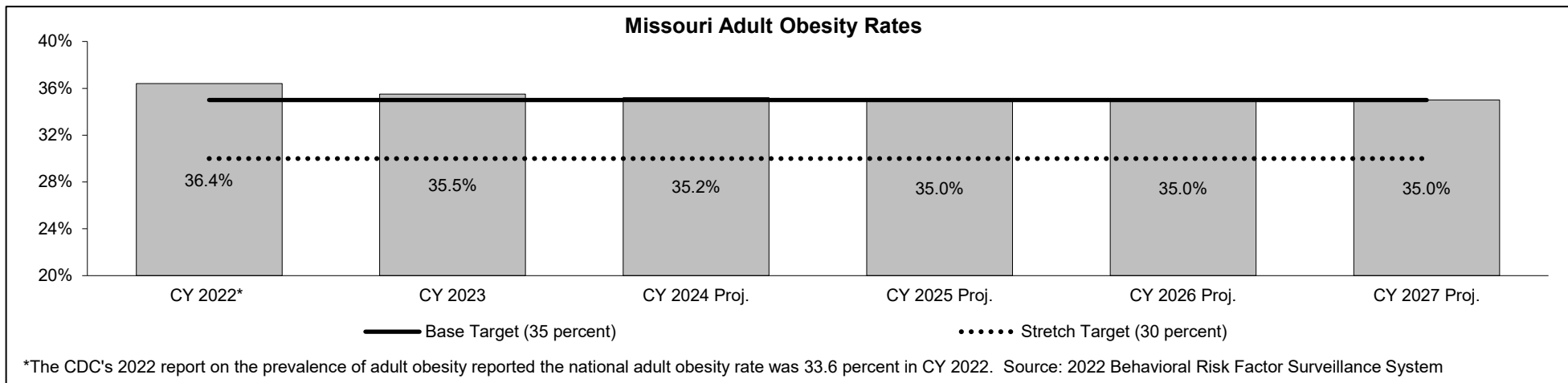
**Health and Senior Services**

**AB Section(s):** 10.710

**Community Health and Wellness Initiatives**

**Program is found in the following core budget(s):** Community Health and Wellness Initiatives

**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

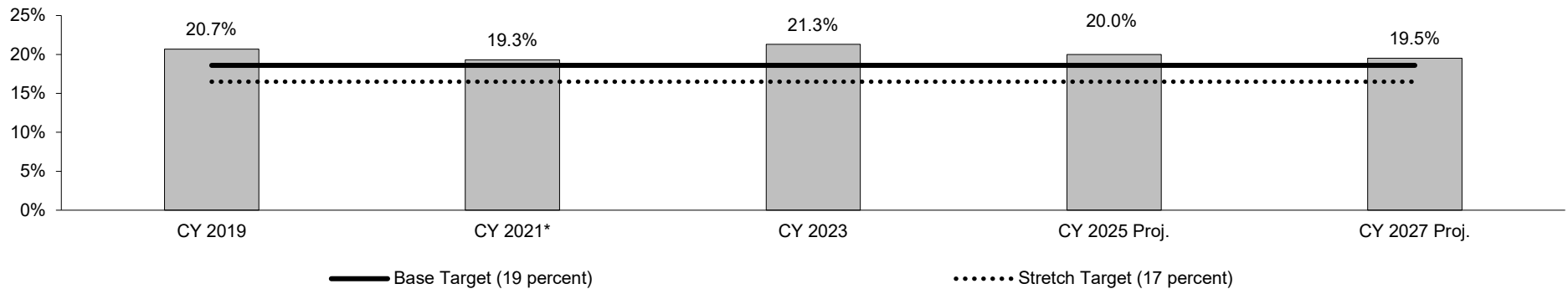
**AB Section(s):** 10.710

**Community Health and Wellness Initiatives**

**Program is found in the following core budget(s):** Community Health and Wellness Initiatives

**2c. Provide a measure(s) of the program's impact (cont.)**

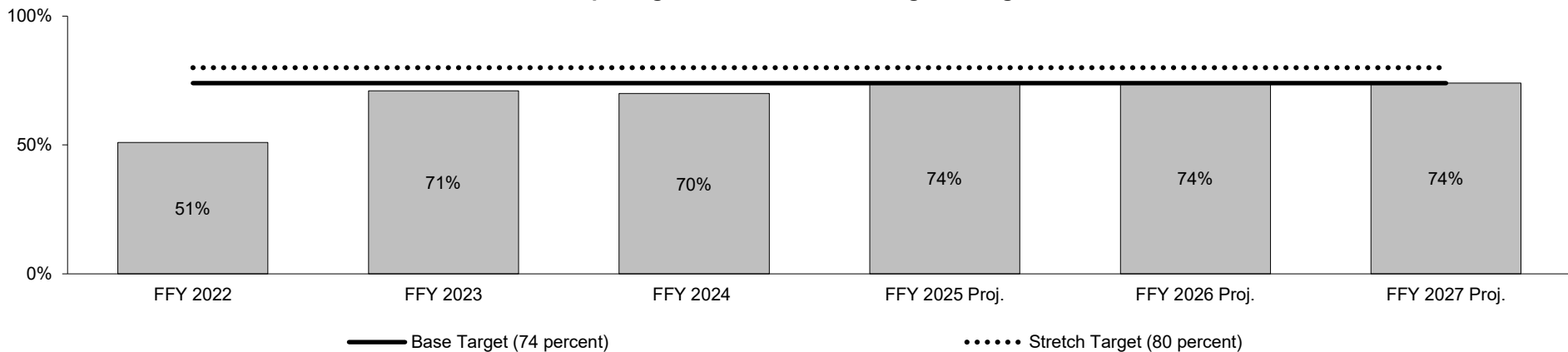
**Missouri High School Youth E-cigarette Use Rate**



\*National rate for CY 2021 is 18 percent. Source: [2021 YRBS](#)

**2d. Provide a measure(s) of the program's efficiency.**

**Youth Completing Adolescent Health Programming**



Completion rate defined as the percent of youth who attended at least 75 percent of program sessions supported by the Adolescent Health Program.



**PROGRAM DESCRIPTION**

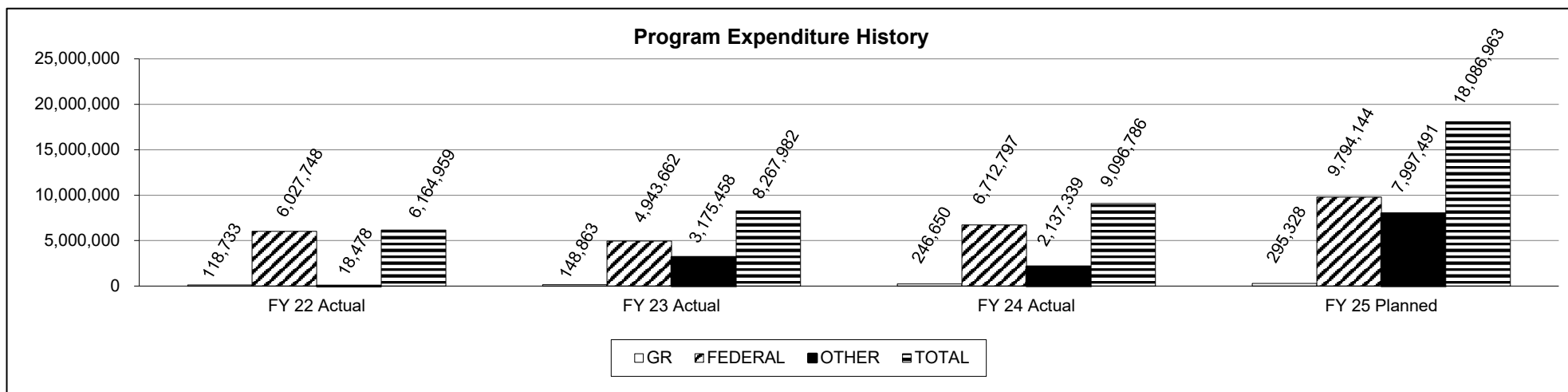
**Health and Senior Services**

**AB Section(s):** 10.710

**Community Health and Wellness Initiatives**

**Program is found in the following core budget(s):** Community Health and Wellness Initiatives

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other" funds?**

Health Initiatives (0275) and Governor's Council on Physical Fitness Trust (0924).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Missouri Comprehensive Tobacco Control Program: Public Health Service Act 301, 307, 310, 311, Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986. Center on Drugs and Public Policy Program: PART A, TITLE XIX, PHS Act, as amended. P.L. 110-161. Obesity Prevention: Part A, Title XIX, PHS Act, as amended; Public Health Service Act Sections 307 and 317 (k)(1) [42 USC 2421 and 247 b(k)(1)]; and 301A, 311BC, 317K2 (42USC241A, 243BC247BK2). Injury Prevention: Social Security Act, Title V, 45 CFR 96. Adolescent Health: Sections 167.765, 167.682, 170.15 and 192.025, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, the Title V Maternal and Child Health Services Block Grant partially supports this program and requires a three dollar non-federal match for every four dollars of federal funds received. This grant also requires maintenance of effort.

**7. Is this a federally mandated program? If yes, please explain.**

The Title V Maternal and Child Health Block Grant requires the state to address the Adolescent Health Domain for the 2021 to 2025 project period, Activities of the Adolescent Health Program and Injury Prevention Program ensures this domain is addressed.

## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.712</u>
<b>Tobacco Addiction Prevention</b>	
<b>Program is found in the following core budget(s): Tobacco Addiction Prevention</b>	
<b>1a. What strategic priority does this program address?</b> Expand Access to Services, Programs and Services	
<b>1b. What does this program do?</b> Tobacco Addiction Prevention initiatives implement evidence-based interventions to prevent and reduce youth tobacco use. The initiatives are accomplished through promoting and coordinating programs and activities with state and local health advocates, associations, schools and universities. This program began in fiscal year 2025. The initiative activities include: <ul style="list-style-type: none"><li>• Providing training and technical assistance services to schools and other stakeholders on evidence-based strategies to prevent and reduce tobacco use, including a school youth vaping community of practice.</li><li>• Providing education and awareness activities to a variety of stakeholders including parents, teachers, and the public on the harms of youth tobacco use, access, and exposure.</li></ul>	
<b>2a. Provide an activity measure(s) for the program.</b> The program's activity will be measured by the number of schools receiving training and technical assistance.	
<b>2b. Provide a measure(s) of the program's quality.</b> The program's quality will be measured by the satisfaction rate of schools receiving services.	
<b>2c. Provide a measure(s) of the program's impact.</b> The program's impact will be measured by the number of new or enhanced tobacco-free school policies implemented, including offering and promoting cessation services for youth and school personnel, and the percentage of high school students using electronic cigarettes.	
<b>2d. Provide a measure(s) of the program's efficiency.</b> The program's efficiency will be measured by the completion rate of schools participating in the school youth vaping community of practice.	

**PROGRAM DESCRIPTION**

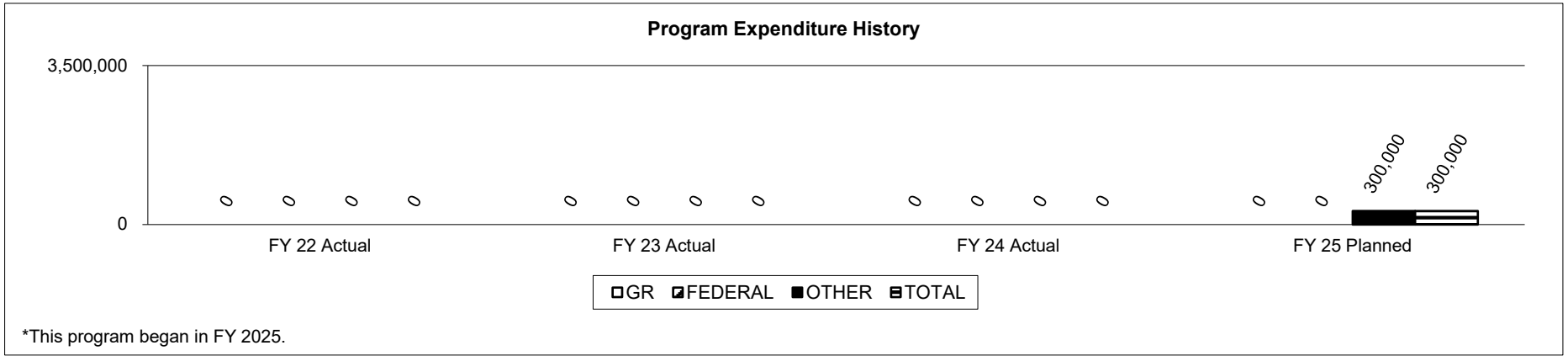
**Department of Health and Senior Services**

**AB Section(s):** 10.712

**Tobacco Addiction Prevention**

**Program is found in the following core budget(s):** Tobacco Addiction Prevention

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Healthy Families Trust Fund (1625)

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Not applicable.

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.

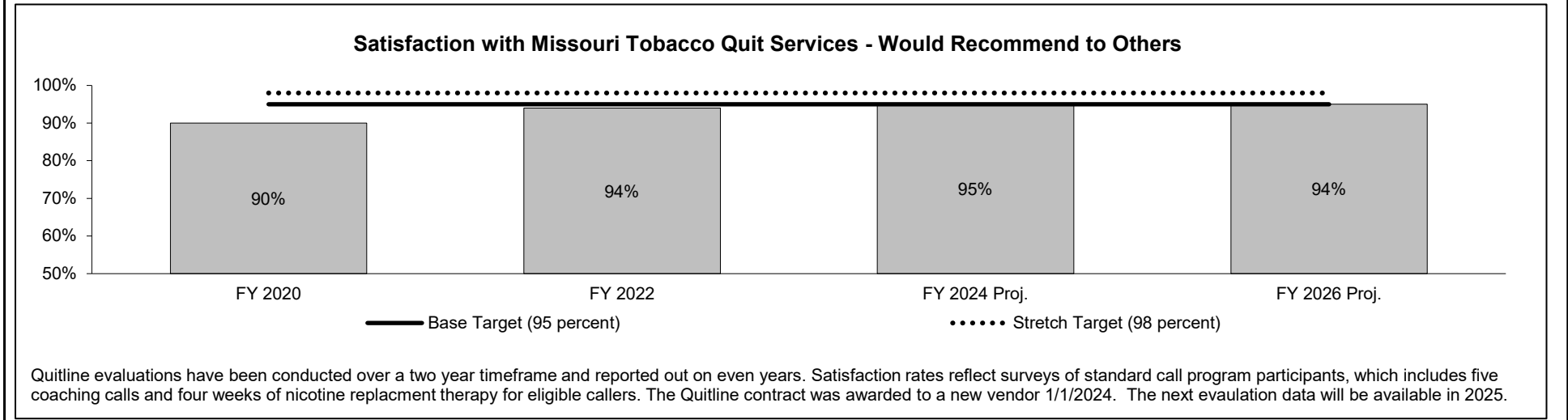
**PROGRAM DESCRIPTION**

<b>Department of Health and Senior Services</b>					<b>AB Section(s):</b> <u>10.713</u>	
<b>Community Health and Wellness Initiatives</b>						
<b>Program is found in the following core budget(s): Tobacco Cessation</b>						
<b>1a. What strategic priority does this program address?</b>						
Expand Access to Services, Programs and Services						
<b>1b. What does this program do?</b>						
The Tobacco Cessation Initiatives programs implement evidence-based interventions to reduce tobacco use through Missouri Tobacco Quit Services, which provides tobacco cessation services. Missouri Tobacco Quit Services offers 24/7 free and confidential tools to help individuals quit nicotine (cigarettes, vapes, or chewing tobacco). These tools include phone and online coaching programs and nicotine replacement therapies for eligible individuals. This funding supports the department's contract with Missouri Tobacco Quit Services.						
The initiative's activities include Missouri Tobacco Quit Services.						
<b>2a. Provide an activity measure(s) for the program.</b>						
<b>Medicaid Members Enrolled in Tobacco Quit Services</b>						
	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>	<b>FY 2027 Proj.</b>
<b>Total Number Enrolled</b>						
Total Number Enrolled	647	791	1,265	1,350	1,400	1,500
<b>Type of Service Received</b>						
Behavioral Health Program	307	691	750	850	900	950
Pregnant Women Program	29	22	25	35	40	42
NRT (# of boxes)	1,468	1,759	1,750	1,800	1,850	1,900
<b>All Calls (including requests for information and services)</b>						
All calls	9,702	8,543	10,441	10,500	10,500	10,500

**PROGRAM DESCRIPTION**

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.713</u>
<b>Community Health and Wellness Initiatives</b>	
<b>Program is found in the following core budget(s): Tobacco Cessation</b>	

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**

The percent of Missouri Medicaid members participating in the multiple-call program who were quit seven months after receiving treatment.

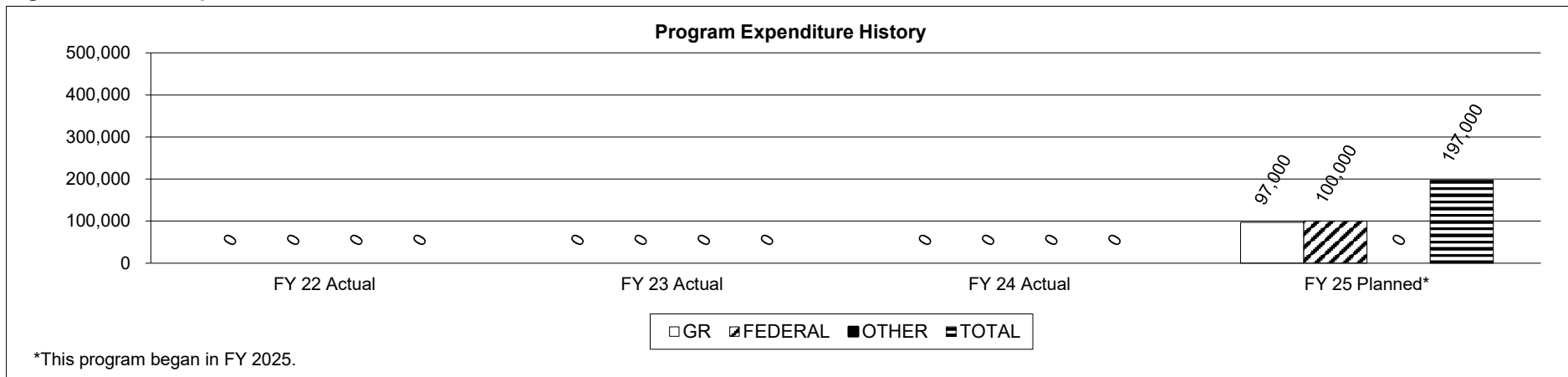
**2d. Provide a measure(s) of the program's efficiency.**

The amount of time it takes to screen and register Missouri Tobacco Quit Services callers for services.

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.713  
**Community Health and Wellness Initiatives**  
**Program is found in the following core budget(s):** Tobacco Cessation

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Not applicable.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Section 1903(a)(7) of the Social Security Act, 42 CFR 433.15(b) (7), Missouri Comprehensive Tobacco Control Program: Public Health Service Act 301, 307, 310, 311, Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986. Center on Drugs and Public Policy Program: PART A, TITLE XIX, PHS Act, as amended. P.L. 110-161.

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.715

**Community and Public Health Administration**

**Program is found in the following core budget(s): Community and Public Health Administration**

**1a. What strategic priority does this program address?**

Invest in Innovation to Modernize Infrastructure, Re-envision and Strengthen Workforce, Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, Expand Access to Services, Programs and Services.

**1b. What does this program do?**

This program provides leadership, oversight, and general supervision for the division staff and programs/initiatives in accordance with the mission, goals, and values of the Department; and ensures compliance with state and federal laws and regulations.

- Reviewing and approving budget requests, grant applications, contracts, purchase requests for goods and services, personnel actions, publications, and correspondence with contractors, consumers, other external partners and stakeholders.
- Providing fiscal management and support to all programs within the Division to ensure spending plans are developed and followed according to grant guidance and appropriations, assistance in procuring approved purchase requests, and timely payment of invoices.
- Assistance with policy development, personnel and human resource management, coordination between programs and OA-ITSD for maintenance and implementation of public health information systems, strategic planning, and assurance of effective and efficient programs.
- Providing and coordinating responses to a variety of requests, including fiscal notes, sunshine requests, legislative requests, internal operation requests, and general public inquiries.

**2a. Provide an activity measure(s) for the program.**

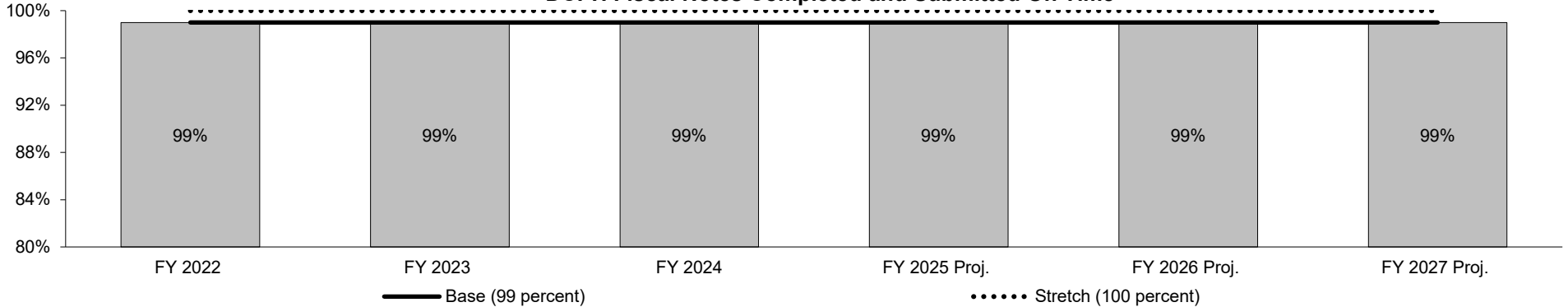
<b>FY 2023 Services Provided by Division of Community and Public Health (DCPH) Director's Office in Support of Programmatic Functions</b>			
Invoices Processed	22,929	Contracts Processed	1,170
Purchase Orders Processed	3,272	Fiscal Note Responses	565
Grants Managed	159		

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.715  
**Community and Public Health Administration**  
**Program is found in the following core budget(s):** **Community and Public Health Administration**

**2b. Provide a measure(s) of the program's quality.**

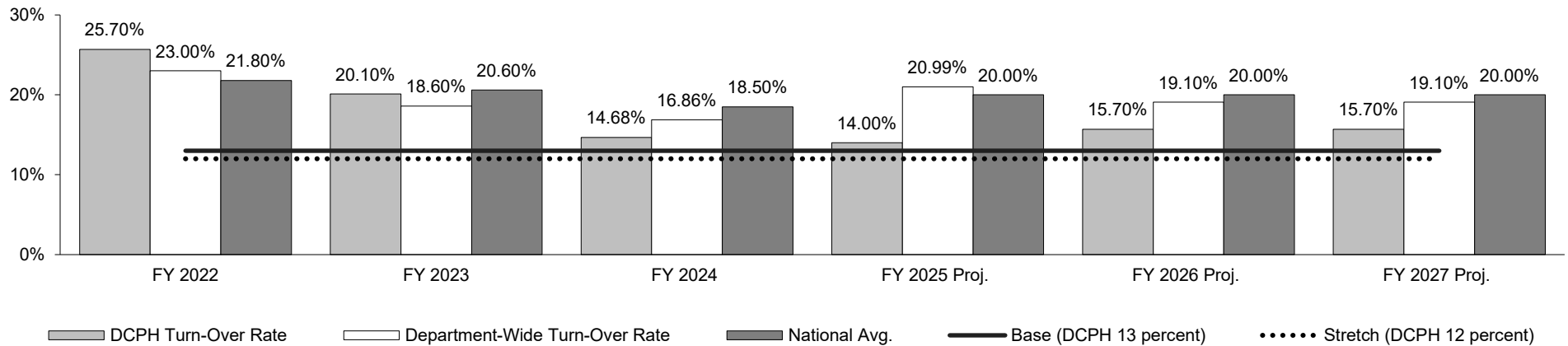
**DCPH Fiscal Notes Completed and Submitted On Time**



Total number of fiscal notes DCPH received: 2021=598, 2022=636, and 2023=664. In order for a fiscal note to meet the definition of "on time" it must be completed and submitted by the due date established by DHSS Admin. Previous goal of 98 percent completion percentage increased once met.

**2c. Provide a measure(s) of the program's impact.**

**Employee Turnover Rate for DCPH**



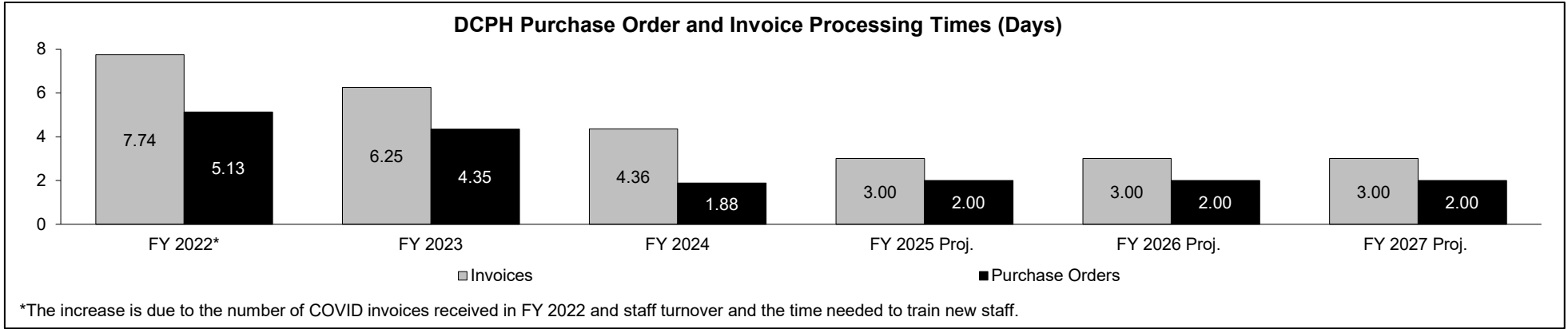
National Average data is from Bureau of Labor and Statistics and reflects the average for State and Local Governments (excluding education).



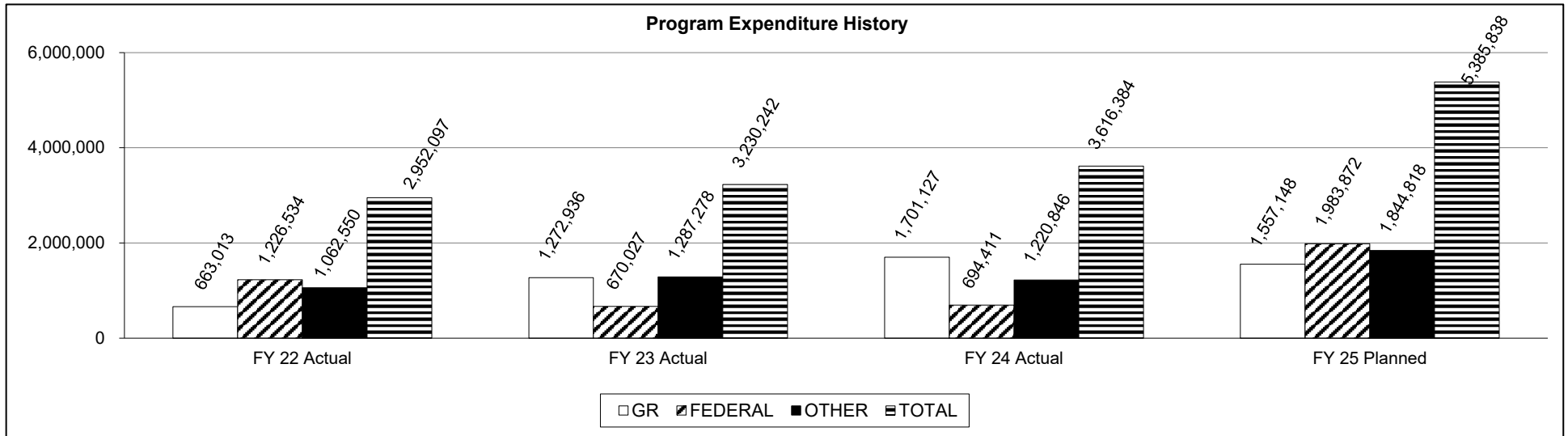
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.715  
**Community and Public Health Administration**  
**Program is found in the following core budget(s):** Community and Public Health Administration

**2d. Provide a measure(s) of the program's efficiency.**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



## PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.715

Community and Public Health Administration

Program is found in the following core budget(s): **Community and Public Health Administration**

**4. What are the sources of the "Other " funds?**

Health Initiatives (0275), Missouri Public Health Services (0298) and Health and Senior Services - Donated (0658).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Provisions from multiple chapters of state statute and federal laws are applicable to the operations of the Division of Community and Public Health. State and federal authority for specific activities are included on the division's program description pages.

**6. Are there federal matching requirements? If yes, please explain.**

Programs within the Division receive approximately 80 percent of their funding through federal sources. The federal funding sources received by the Division that require match and the amount of state match required by each are: Cancer Grant: Cancer Registry (25 percent), Cancer Grant: Breast and Cervical Screening (25 percent), Maternal and Child Health Block Grant (43 percent), Public Health Emergency Preparedness and Hospital Preparedness Program (10 percent), Radon (40 percent), Ryan White Part B (33 percent), Title XIX (25 percent to 35 percent), Traumatic Brain Injury Grant (33 percent), and WISEWOMAN (25 percent). The federal funding and the required matching funds are found throughout the Division of Community and Public Health, the Department, and in some instances other state agencies. The programs that utilize the funding have noted the federal matching requirements within their specific program description.

**7. Is this a federally mandated program? If yes, please explain.**

The federal mandate for specific activities is included on division program description pages.

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.720</u>
<b>Emergency Preparedness and Response</b>	
<b>Program is found in the following core budget(s):</b> <b>Emergency Preparedness and Response</b>	
<b>1a. What strategic priority does this program address?</b> Invest in Innovation to Modernize Infrastructure, Build and Strengthen Partnerships, and Use Clear and Consistent Communication to Build Trust.	
<b>1b. What does this program do?</b> This program manages public health and healthcare emergency planning and response activities in order to prepare public health and healthcare providers to protect the health and safety of citizens when emergencies arise. Activities include the following:	
<u>Mitigation</u>	
<ul style="list-style-type: none"><li>• Ensuring an all-hazard response plan is current and operational for public health and medical surge incidents.</li><li>• Establishing and enhancing regional healthcare coalitions to bring together hospitals, local public health agencies, emergency medical services, and local emergency management agencies to create relationships and collaborative emergency plans that allow regional information sharing and resource coordination during disasters and medical surge events.</li><li>• Ensuring the regional healthcare coalitions and local public health agencies (LPHAs) are actively engaged in jurisdictional risk assessments, emergency planning efforts, and Training and Exercise Planning Workshops.</li><li>• Ensuring an After Action Report is completed at the end of every incident and exercise to identify strengths and areas for improvement.</li><li>• Serving as statewide healthcare communications and information sharing hub.</li><li>• Maintaining 24/7 contact information for all public health response teams and partners.</li><li>• Conducting regular communication drills to assure systems are operable at all times.</li></ul>	
<u>Preparedness</u>	
<ul style="list-style-type: none"><li>• Providing technical assistance and administrative support to the regional healthcare coalitions and LPHAs to assure readiness to respond to emergencies.</li><li>• Maintaining the mandated Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), also known as Show-Me Response in Missouri.</li><li>• Maintaining the Missouri Rapid Response Team (MRRT) for Food and Feed for all-hazards response capabilities to respond to food and feed contamination, outbreaks, and terrorism and tampering incidents</li><li>• Maintaining deployment readiness of the state's mobile medical unit, Disaster Medical Assistance (MO DMAT-1), and Mortuary Response (MOMORT) teams, and resources for assistance with emerging or ongoing infectious disease outbreaks and other emergencies.</li><li>• Pre-identifying public health response teams who can respond at a moment's notice.</li><li>• Providing all-hazard response training to public health responders.</li><li>• Providing radiological response training to first responders including: Fire, EMS, Law Enforcement, LPHAs and hospitals.</li></ul>	

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.720

**Emergency Preparedness and Response**

**Program is found in the following core budget(s):** Emergency Preparedness and Response

**1b. What does this program do? (continued)**

- Response
- Assisting public health and medical partners, including regional healthcare coalitions, with information sharing, resource coordination, and requests for state-maintained assets such as PPE and ventilators in response to an emergency incident.
  - Maintaining redundant communication modes to avoid isolation of disaster affected areas.
  - Leveraging personnel, resources and expertise through the MRRT identify and eliminate sources of food and feed contamination in an emergency.
  - Utilizing the Missouri Health Notification System to distribute situational awareness information to local, state, and federal partners. This ensures pertinent and timely medical information is distributed, as needed, to medical practitioners.
  - Increasing monitoring of health care facilities' operational status (includes hospitals, dialysis centers and long-term care facilities among others).
  - Inspecting high level radiological material shipments through Missouri, track and review low level radiological waste shipments through Missouri.
  - Participating in FEMA evaluated exercises for the two nuclear power plants that impact Missouri and the offsite response organizations related to those nuclear power plants.

**2a. Provide an activity measure(s) for the program.**

<b>Missouri Health Network System (MO-HNS) Communications</b>						
	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>
Alerts/Advisory/Guidance Issued	13*	32**	30	23	25	25
Registered Users	5,881	5,927	6,076	5,336	5,500	5,500

\*7 out of 13 were related to COVID-19 (FY 2021).  
 \*\*11 out of 32 were related to COVID-19 (FY 2022).

<b>FEMA Evaluated Exercises (Radiological)</b>					
<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>	<b>FY 2027 Proj.</b>
3	4	4	4	4	4

<b>High Level Radiological Shipments</b>					
<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>	<b>FY 2027 Proj.</b>
21	20	20	20	20	20

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.720

**Emergency Preparedness and Response**

**Program is found in the following core budget(s):** Emergency Preparedness and Response

**2a. Provide an activity measure(s) for the program. (continued)**

<b>Low Level Waste Shipments Reviewed</b>					
FY 2022	FY 2023	FY 2024	FY 2025 Proj.	FY 2026 Proj.	FY 2027 Proj.
432	425	425	425	425	425

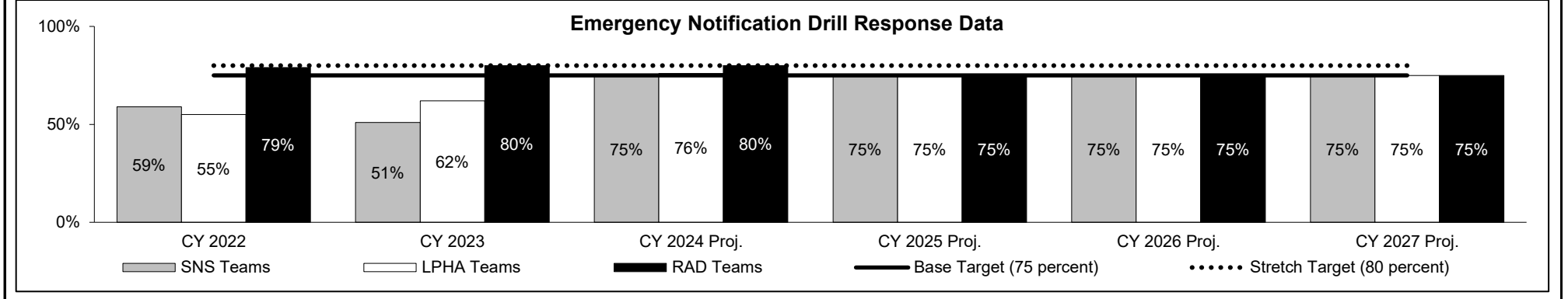
<b>Notification Drills Conducted</b>					
FY 2022	FY 2023	FY 2024	FY 2025 Proj.	FY 2026 Proj.	FY 2027 Proj.
28	30	28	30	30	30

Drills are conducted for Strategic National Stockpile Team, Radiological Response Team, Local Public Health Agency Administrators, BioWatch Advisory Committee, Medical Incident Coordination Teams, MO Mutual Aid Coordinators, and State Emergency Operations Center Emergency Response Center Teams.

<b>Public Health Emergency Hotline Calls Received/Handled</b>					
FY 2022	FY 2023	FY 2024	FY 2025 Proj.	FY 2026 Proj.	FY 2027 Proj.
2,069	1,564	1,307	2,100	2,100	2,100

<b>DHSS Disaster and Emergency Planning Unique Webpage Hits</b>					
FY 2022	FY 2023	FY 2024	FY 2025 Proj.	FY 2026 Proj.	FY 2027 Proj.
39,392	40,423	34,500	50,000	50,000	50,000

**2b. Provide a measure(s) of the program's quality.**



**PROGRAM DESCRIPTION**

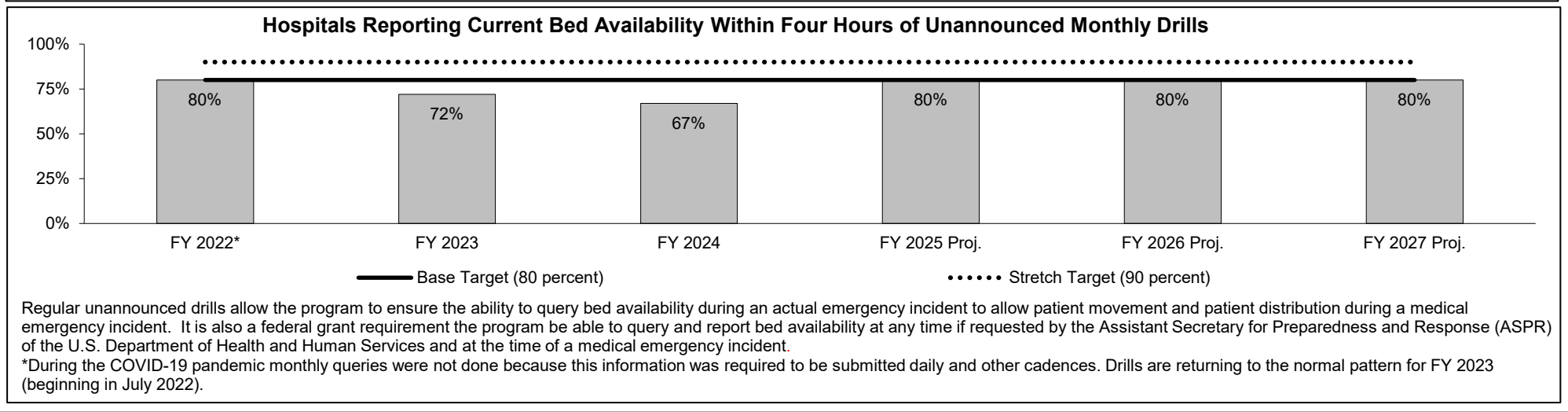
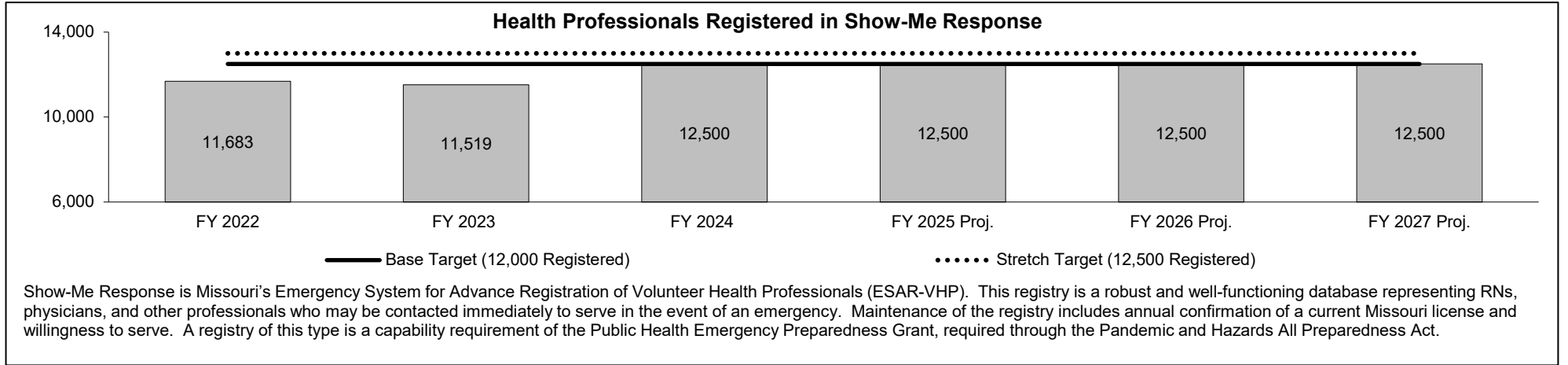
**Health and Senior Services**

**AB Section(s):** 10.720

**Emergency Preparedness and Response**

**Program is found in the following core budget(s):** Emergency Preparedness and Response

**2c. Provide a measure(s) of the program's impact.**



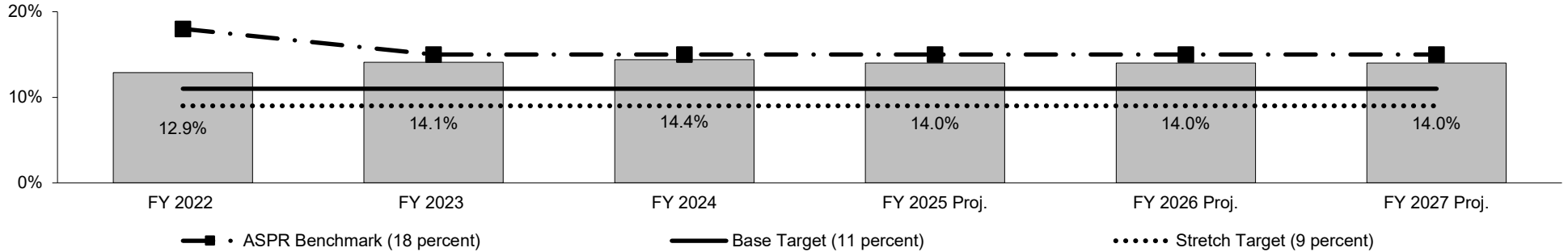
**PROGRAM DESCRIPTION**

**Health and Senior Services**  
**Emergency Preparedness and Response**  
 Program is found in the following core budget(s): **Emergency Preparedness and Response**

**AB Section(s):** 10.720

**2d. Provide a measure(s) of the program's efficiency.**

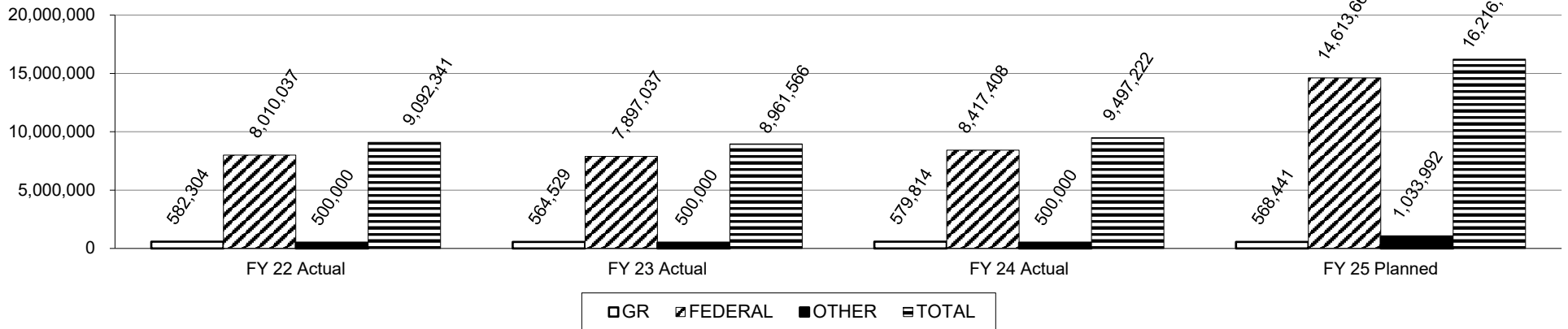
**Hospital Preparedness Program's Recipient-Level Direct Cost (RLDC) Scores**



The Assistant Secretary for Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (DHHS) funds the Hospital Preparedness Program. ASPR initiated a performance measure of Recipient-Level Direct Cost (RLDC) as a benchmark in FY 2018. ASPR requires recipients to be 18 percent or less RLDC which includes personnel, fringe benefits, and travel costs. Keeping these costs low allows the program to contract more funding to regional healthcare coalitions, which is a federal goal, for emergency preparedness activities.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

**Program Expenditure History**



## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.720</u>
<b>Emergency Preparedness and Response</b>	
<b>Program is found in the following core budget(s):</b> Emergency Preparedness and Response	
<b>4. What are the sources of the "Other " funds?</b> Missouri Public Health Services (0298), Insurance Dedicated Fund (0566), and Environmental Radiation Monitoring (0646).	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> 319C-1 and 319C-2 of the Public Health Service (PHS) Act.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> Yes, the required match is ten percent of federal funds awarded.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> No.	



## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.725</u>
<b>Environmental Public Health</b>	
<b>Program is found in the following core budget(s): Environmental Public Health</b>	
<b>1a. What strategic priority does this program address?</b>	
Public Health System Building and Emerging Public Health Threats Preparedness.	
<b>1b. What does this program do?</b>	
This program works to reduce the risk of illness, injury, and death related to environmental causes by assessing and promoting the reduction of chemicals in the environment and implementing and assuring sanitation and safety practices, which protect and promote overall wellness and increase positive health outcomes for Missourians. Activities include:	
A. Tracking and responding to environmental emergencies and emerging diseases (such as COVID-19 and legionella), foodborne illness outbreaks, food recalls, emergency preparedness planning, incidents involving radioactive materials, transportation accidents involving food, natural disasters, and environmental and medical follow up for children with elevated blood lead levels.	
B. Providing training and technical assistance to local public health agencies (LPHAs) and industry: technical assistance for first responders and community partners, safe food handling best practices, sanitation and safety requirements for child care facilities, lodging establishments, legionella water management plans, childhood lead poisoning, and onsite wastewater treatment systems (OWTSs);	
C. Issuing permits and licenses: construction permits for onsite wastewater treatment systems (OWTSs), licensing lodging establishments, accrediting lead abatement training programs, licensing lead abatement professionals and contractors, and registering OWTS installers, soil evaluators, and inspectors;	
D. Inspecting regulated facilities and environmental sites: food establishments, food manufacturing/processing plants, child care facilities, summer food sites, lodging establishments, healthcare facility legionellosis, radioactive shipments, and lead abatement projects;	
E. Conducting assessment and surveillance of environmental public health issues (hazardous substance exposure risks, appropriate clean up level determination), collecting, integrating, and analyzing data on health effects related to environmental health hazards (algal blooms, recreational water, heat and cold related deaths, carbon monoxide deaths), providing epidemiology studies, and assuring at-risk children are tested for lead poisoning;	
F. Providing environmental health education to the general public: hazardous substance exposures and conditions, waste sites, sampling of residential drinking wells, radon kits, indoor air quality and other indoor environmental issues, proper food handling, proper care of OWTSs, lead-safe work practices, annual fish consumption advisory, and blood lead testing;	
G. Responding to citizen concerns and complaints: bedbugs, food service, lodging, child-care complaints, and lead contamination exposures;	
H. Supporting schools with compliance assistance concerning the <u>Get the Lead Out of Schools Drinking Water Act</u> .	
I. Collaborating to leverage resources between federal, state, and local entities for efficient and effective use.	

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.725

**Environmental Public Health**

**Program is found in the following core budget(s):** Environmental Public Health

**2a. Provide an activity measure(s) for the program.**

<b>Program Activities for the Time Period for:</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
Lodging facility licenses issued (new + annual renewal) <sup>C,D,H</sup>	1,307	1,478	1,454
Legionella investigations <sup>B,D,E,H</sup>	42	31	28
Environmental child care inspections completed by LPHA under a participation agreement <sup>B,D,H</sup>	3,738	3,801	2,814*
Citizens provided information and assistance at outreach events <sup>F,H</sup>	4,800	4,358	4,520
Onsite waste water professionals trained by DHSS <sup>B</sup>	423	530	559
Food recall activities <sup>G,H</sup>	379	354	398
Distressed food/emergency response events	140	145	130
Food manufacturing facility inspections <sup>D,G,H</sup>	846	868	742
Lead abatement projects inspected <sup>D</sup>	230	347	247
Lead abatement professionals/contractors licensed <sup>C</sup>	578	568	674
Radon kits provided to Missouri citizens <sup>E,F</sup>	5,407	4,043	4,031
Classrooms in schools tested for radon <sup>E,F</sup>	0**	168	206
Fish Consumption Advisory Web hits <sup>F</sup>	1,916	2,433	1,983
Environmental Public Health Tracking Network Web hits <sup>F,H</sup>	57,346	53,350	31,130***
Environmental risk assessment and medical referral for lead poisoned children <sup>E,F,G,H</sup>	2,865	4,316	11,647
Blood lead poisoning surveillance (children less than age six tested for lead) <sup>E,F,H</sup>	57,799	64,536	74,152
Citizens educated on hazardous substance exposures <sup>F</sup>	8,577	5,242	2,405
Private drinking water wells sampled <sup>E,F,H</sup>	140	144	363
Footnotes A,B,C,D,E,F,G,H correspond to lettered activities in question 1b.			
*Provisional data. Data available October 2024.			
**Classroom testing is scheduled for FY 2023.			
*** Does not include hits on new story map pages.			

**PROGRAM DESCRIPTION**

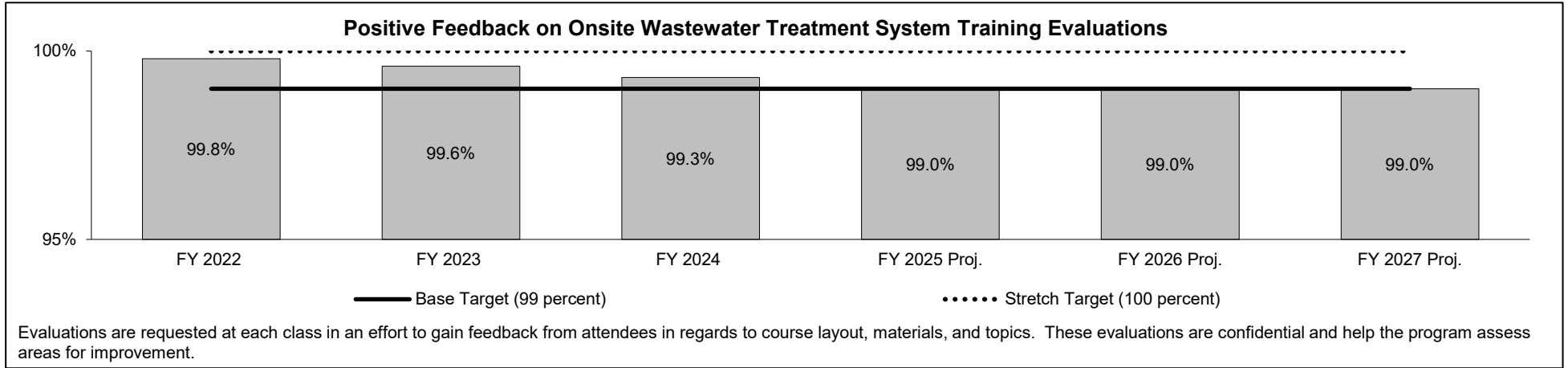
**Health and Senior Services**

**AB Section(s):** 10.725

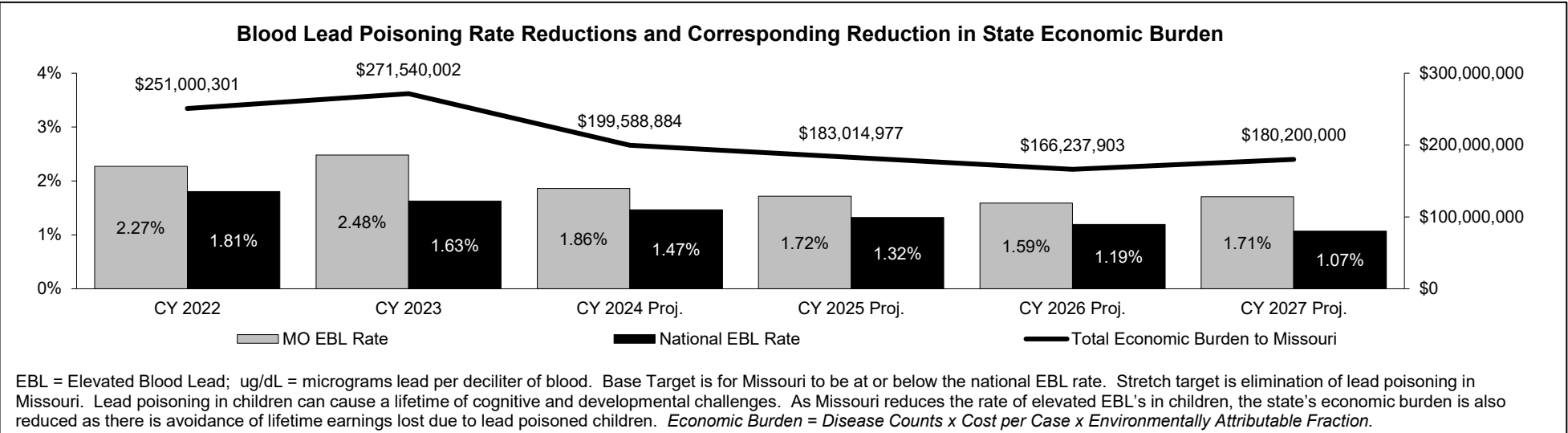
**Environmental Public Health**

**Program is found in the following core budget(s):** Environmental Public Health

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

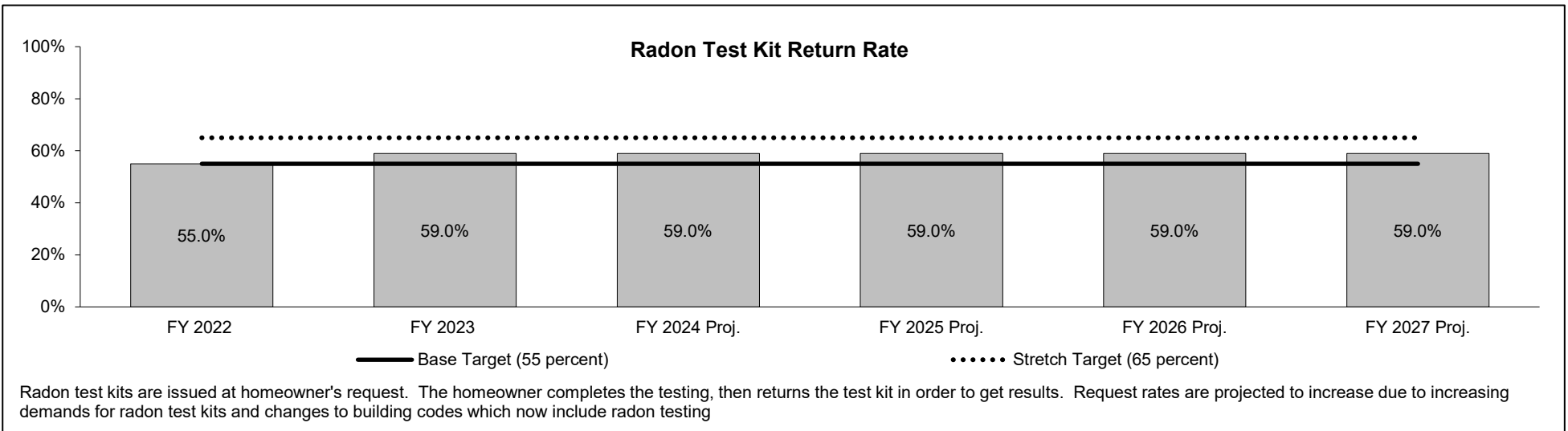
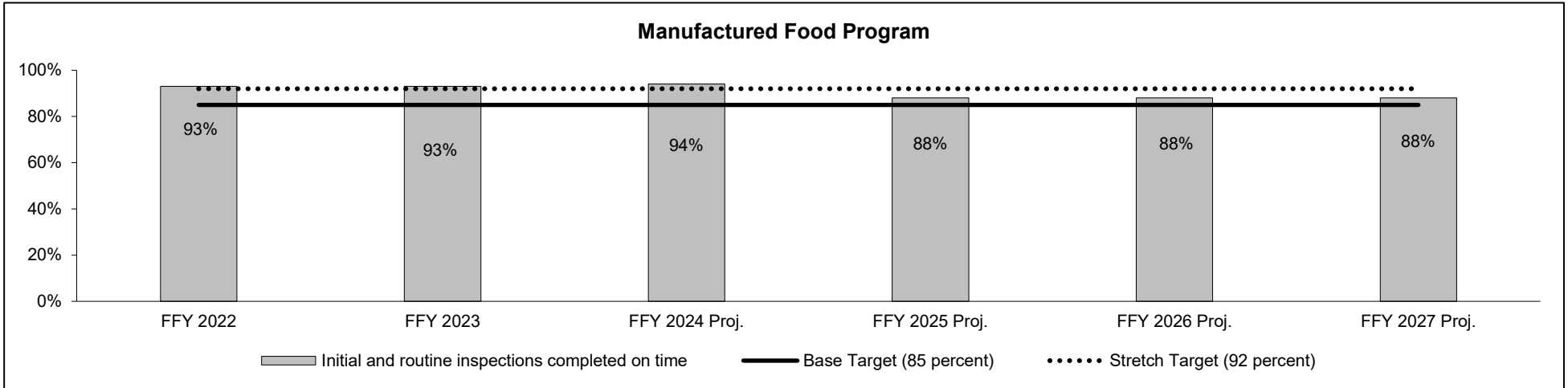
**Health and Senior Services**

**AB Section(s):** 10.725

**Environmental Public Health**

**Program is found in the following core budget(s):** Environmental Public Health

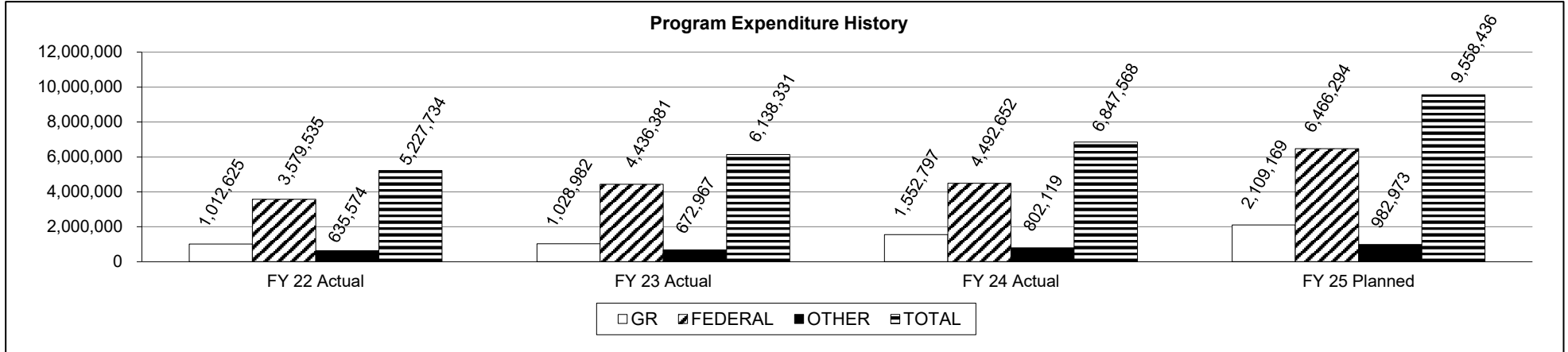
**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.725  
**Environmental Public Health**  
**Program is found in the following core budget(s):** **Environmental Public Health**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Initiatives (0275), Missouri Public Health Services (0298), Budget Stabilization (0522), Hazardous Waste (0676), and Missouri Lead Abatement Loan Program (0893).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Chapters 192, 196, 210, 260, 315, 701, and Sections 44.100 (4)(h), 210.199-275, and 701.300-349, RSMo; 19 CSR 20-1.025, 19 CSR 20-3.015-3.080, 19 CSR 20-3.050, 19 CSR 20-10.010-10.200, 19 CSR 20-20.020, 19 CSR 20--20.075, 19 CSR 20-20.080, and 19 CSR 20-8.030; Federal Statutory or Regulatory Citation: CERCLA Section 104(l)(15); CERCLA Section 104, CERCLA Section 14(l)(15); 40 CFR parts 31 and 35, Sub-part O; FEMA-REP-1 NUREG 0654.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, Title XIX for lead screening requires a 50 percent state match for administrative costs and a 25 percent state match for costs associated with skilled medical activities. The Environmental Protection Agency Radon Grant requires a 40 percent state match.

**7. Is this a federally mandated program? If yes, please explain.**

No.

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.730

**Genetics and Newborn Health Services**

**Program is found in the following core budget(s): Genetics and Newborn Health Services**

**1a. What strategic priority does this program address?**

Build and Strengthen Partnerships; Use Clear and Consistent Communication to Build Trust; Expand Access to Service.

**1b. What does this program do?**

The Genetics and Newborn Services program provides education, outreach, and interventions to improve prenatal, maternal, and child health; increase healthier births; promote normal growth and development outcomes; increase school readiness; and facilitate healthy outcomes throughout the lifespan. The program develops and disseminates educational materials, social media messages, and multimedia marketing campaigns to educate the public on healthy behaviors. Primary program activities and priorities are outlined below:

- Encouraging early entrance into prenatal care.
- Providing education on healthy behaviors starting at preconception, including:
  - the Count the Kicks program to reduce still births;
  - the use of folic acid to reduce birth defects;
  - the importance of avoiding smoking, alcohol, and other drugs during pregnancy;
  - breastfeeding promotion; and
  - helping families learn healthy parenting skills.
- Providing case management, education, and awareness for Hepatitis B (HBV) including information on disease transmission, disease process, diagnosis, and treatment, to clinical and social service providers, infected and affected individuals, and the general public to ensure infants born to HBV positive women receive timely and complete vaccination to prevent infection.
- Administering a confidential, toll-free Maternal Child Health Information and Referral telephone and texting line (TEL-LINK) that connects families with programs and services;
- Administering Newborn Screening Programs, which encompass the following:
  - newborn blood spot screening tracking and follow-up for over 70 different rare disorders to prevent death and disability;
  - early identification, diagnosis, and intervention for hearing loss to ensure communication milestones are achieved;
  - education, outreach, and technical assistance for families, providers, hospitals, and the general public.
- Collaborating with child abuse medical resource centers to provide training, support, and mentoring to Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) medical providers.
- Providing screening, diagnostic evaluations, treatment, and counseling for Missourians with genetic conditions.
- Providing metabolic formula for adults and children with metabolic conditions.

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.730

**Genetics and Newborn Health Services**

**Program is found in the following core budget(s): Genetics and Newborn Health Services**

**2a. Provide an activity measure(s) for the program.**

<b>Clients Served by Newborn Health Services</b>	<b>FFY 2022</b>	<b>FFY 2023</b>	<b>FFY 2024 Proj.*</b>	<b>FFY 2025 Proj.</b>	<b>FFY 2026 Proj.</b>	<b>FFY 2027 Proj.</b>
Educational Materials Distributed	233,675	250,847	250,000	250,000	250,000	250,000
Number of TEL-LINK Referrals	2,721	3,090	3,000	3,000	3,000	3,000

<b>Newborn Blood Spot Screening Tracking and Follow-up</b>						
The Missouri Newborn Blood Spot Screening Program tracked, followed, and provided educational information to the parents of:	<b>CY 2022</b>	<b>CY 2023</b>	<b>CY 2024 Proj.</b>	<b>CY 2025 Proj.</b>	<b>CY 2026 Proj.</b>	<b>CY 2027 Proj.</b>
Newborns referred to contracted referral centers for follow-up of abnormal newborn blood spot screening results.	571	523	550	550	550	550
Newborns diagnosed with disorders identified through newborn blood spot screening.	226	207	200	200	200	200
Newborns with hemoglobinopathy trait identified through newborn blood spot screening.	1,497	1,382	1,500	1,500	1,500	1,500
Newborns who need a repeat blood spot screening.	3,401	2,867	3,000	3,000	3,000	3,000

<b>Newborn Hearing Screening Tracking and Follow-up</b>						
The Missouri Newborn Hearing Screening Program tracked, followed, and provided educational information to the parents of:	<b>CY 2022</b>	<b>CY 2023</b>	<b>CY 2024 Proj.</b>	<b>CY 2025 Proj.</b>	<b>CY 2026 Proj.</b>	<b>CY 2027 Proj.</b>
Newborns who failed to pass their initial newborn hearing screening.	2,814	2,463	2,800	2,800	2,800	2,800
Newborns who missed their hearing screening.	833	865	700	700	700	700
Newborns who were diagnosed with permanent hearing loss and referred to early intervention via Missouri's Part C Program, First Steps.	115	112**	115	115	115	115

\*Data available October 2024.

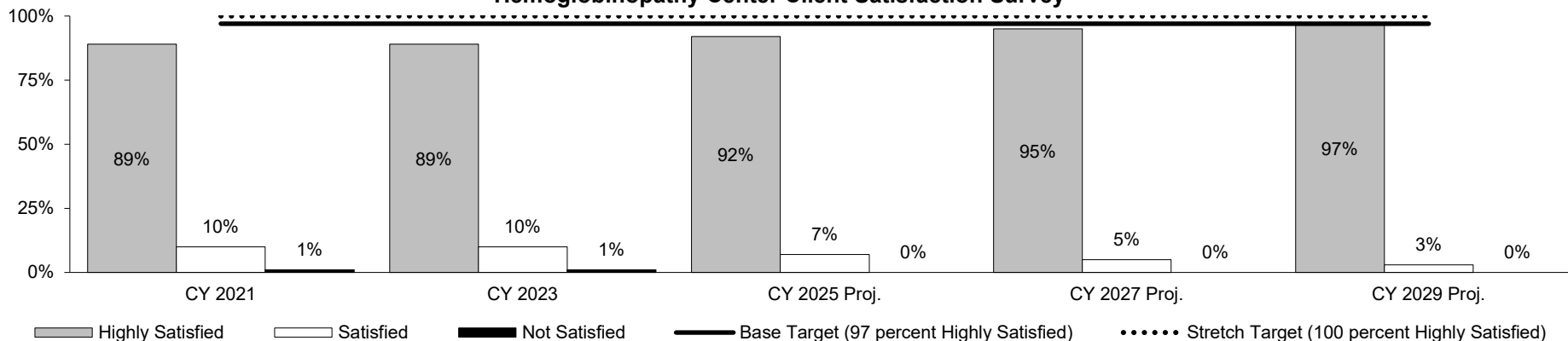
\*\*Final program data for diagnosis and intervention are not available until the end of the following calendar year. Thus, CY 2023 data is provisional until after December 2024.

## PROGRAM DESCRIPTION

**Health and Senior Services** **AB Section(s):** 10.730  
**Genetics and Newborn Health Services**  
**Program is found in the following core budget(s):** Genetics and Newborn Health Services

**2b. Provide a measure(s) of the program's quality.**

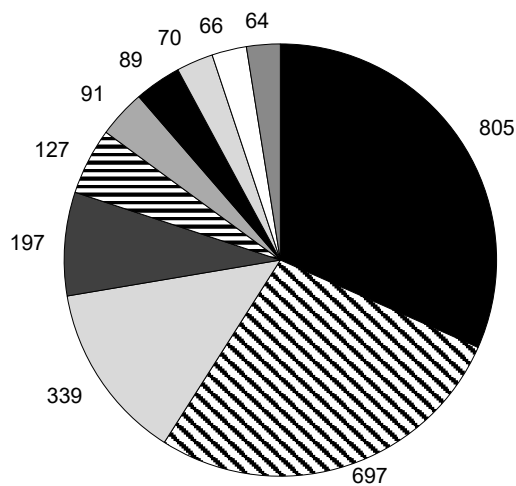
**Hemoglobinopathy Center Client Satisfaction Survey**



This survey is given to hemoglobinopathy patients to evaluate their level of satisfaction with the care they receive at the hemoglobinopathy centers. The Department contracts with four pediatric and three adult hemoglobinopathy centers to provide newborn screening follow-up and comprehensive medical services (e.g. inpatient, outpatient, and emergency care) for individuals and families with sickle cell disease and other related disorders. The survey is conducted every two years.

**2c. Provide a measure(s) of the program's impact.**

**Top Ten TEL-LINK Referral Categories for FFY 2023**



- RENT OR HOUSING ASSISTANCE 805
- ▣ TRANSPORTATION 697
- ▣ WIC 339
- DENTAL CARE 197
- ▣ FINANCIAL ASSISTANCE 127
- ▣ INSURANCE 91
- CRIBS 89
- ▣ MEDICAL 70
- ▣ PARENTING SUPPORT AND ADVICE 66
- SHELTER ASSISTANCE 64

TEL-LINK is the Department's confidential, toll-free telephone and texting line for maternal and child health care. The purpose of TEL-LINK is to provide information and referrals to Missouri residents concerning a wide range of health services. In FFY 2023, TEL-LINK started providing resources by text message and an online directory. There are 31 different referral categories within the TEL-LINK database. The ten referral categories illustrated here represent 82 percent of the total referrals for FFY 2023. The number of referrals may fluctuate from year to year based upon available funding for advertising as well as the needs of the population.





**PROGRAM DESCRIPTION**

**Health and Senior Services**

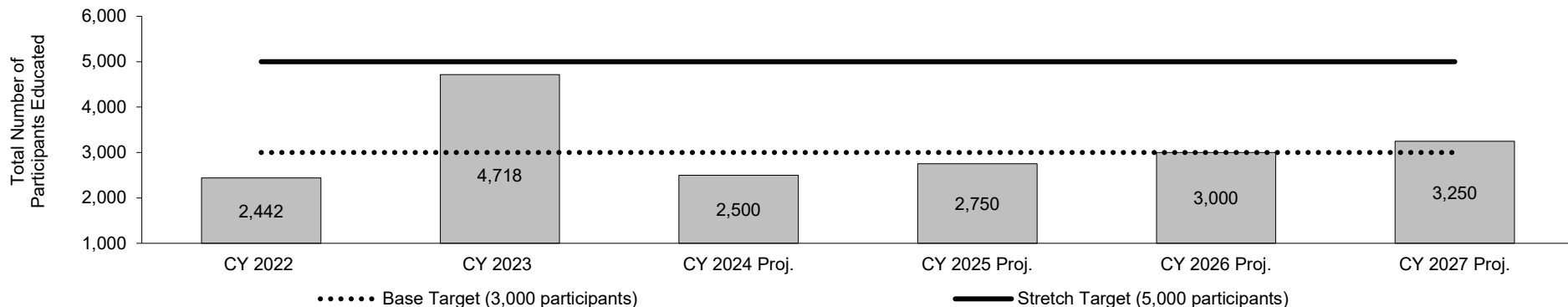
**AB Section(s):** 10.730

**Genetics and Newborn Health Services**

**Program is found in the following core budget(s):** Genetics and Newborn Health Services

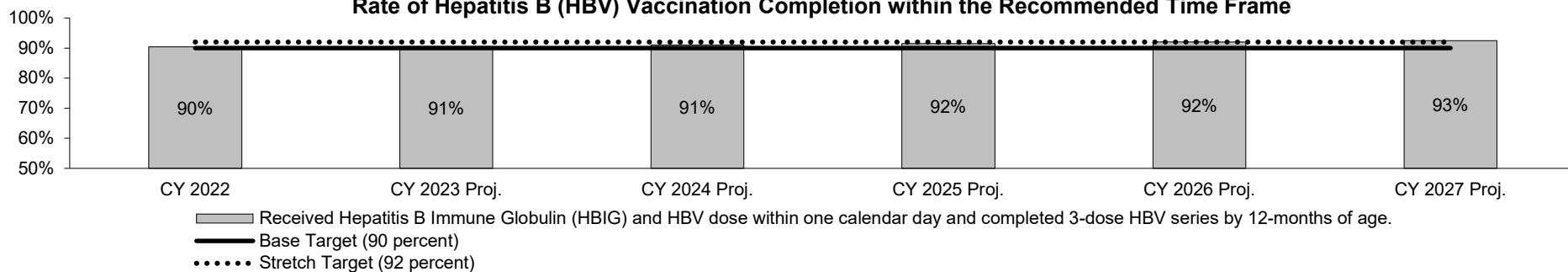
**2c. Provide a measure(s) of the program's impact. (continued)**

**Education using Substance Exposed Infant Manikins**



Substance exposed infant manikins are provided to 32 various sites for educational outreach. Each site receives, at no cost, infant manikins representing Caucasian and African American infants with Fetal Alcohol Syndrome, prenatal drug exposure, and healthy characteristics. Community placement sites utilize the manikins to provide education to groups such as communities, expectant parents, grandparents, treatment clinics, WIC clients, educators, students, and health care providers. Each site reports data back to the Department for each presentation or exhibit for which the manikins are used, documenting the number of participants who received education. There was a significant increase noted in CY 2023 due to a singular large event. Overall projections remain the same until/unless a more consistent pattern can be established.

**Rate of Hepatitis B (HBV) Vaccination Completion within the Recommended Time Frame**



Perinatal HBV case management increases the likelihood that babies born to HBV positive mothers are vaccinated for HBV at birth and receive the full HBV series by 12 months of age. Receipt of the full HBV series ensures HBV immunity among most vaccinated babies and decreases the likelihood of associated negative health outcomes including chronic HBV infection and liver disease. Approximately 95 infants are served by Missouri's perinatal HBV case management program each year. (Program staff will compile 2023 data in February 2025 after all contractors have submitted cases. Final 2023 data is due to CDC March 2025, therefore, CY 2023 data is projected until March 2025. Base and Stretch targets are based on CDC defined goals for perinatal HBV programs.)

**PROGRAM DESCRIPTION**

**Health and Senior Services**

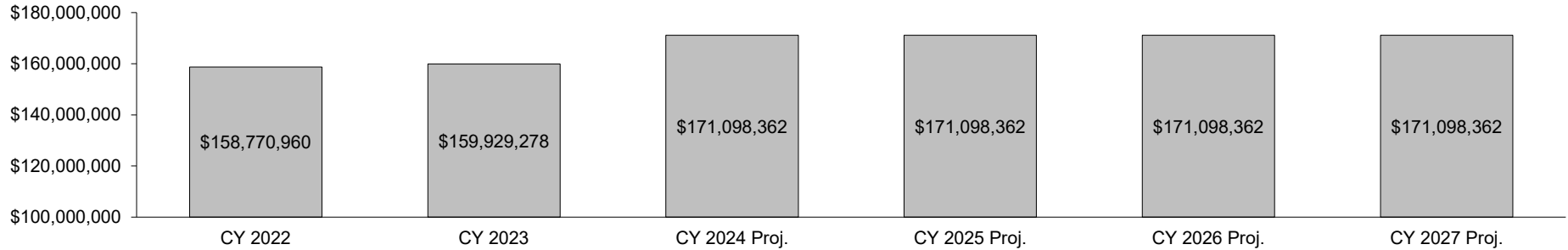
**AB Section(s):** 10.730

**Genetics and Newborn Health Services**

**Program is found in the following core budget(s):** Genetics and Newborn Health Services

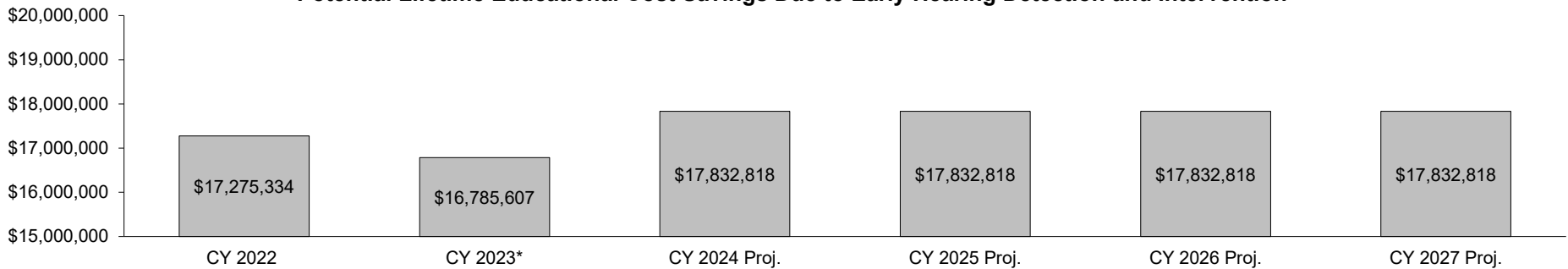
**2d. Provide a measure(s) of the program's efficiency.**

**Potential Lifetime Cost Savings Due to Prevention of Cognitive Developmental Disability by Blood Spot Screening**



In 2003, the Centers for Disease Control and Prevention (CDC) estimated the average lifetime costs per person with cognitive developmental disability to be approximately \$1,014,000. The U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator was used to calculate inflation over time. The number of disorders detected varies from year to year due to variables in incidence. The numbers of infants represented in this chart only includes those with disorders on the blood spot screening panel where cognitive developmental disability is a symptom and where there is evidence to show that early diagnosis and treatment prevents this specific disability. Disorders included are: biotinidase deficiency, congenital adrenal hyperplasia, congenital primary hypothyroidism, galactosemia, amino acid disorders, fatty acid disorders, and organic acid disorders. Additional cost savings are likely associated with the remaining blood spot disorders, however, there is not sufficient data to provide a dollar estimate. The program did not set targets as it is not possible to project the number of children identified with the specified conditions.

**Potential Lifetime Educational Cost Savings Due to Early Hearing Detection and Intervention**



The CDC estimated the lifetime educational cost of undiagnosed or untreated hearing loss at \$115,600 per child (year 2007 value for permanent hearing loss without other disabilities). The CDC estimated cost of newborn hearing screening was \$26 in 2010. The U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator was used to calculate inflation over time. Total savings was calculated as difference in the number of infants diagnosed times average lifetime cost and the cost of hearing screening times total newborns screened. The program did not set targets as it is not possible to project the number of children identified with the specified conditions.

\*Final CY 2023 data will not be available until December 2024.

## PROGRAM DESCRIPTION

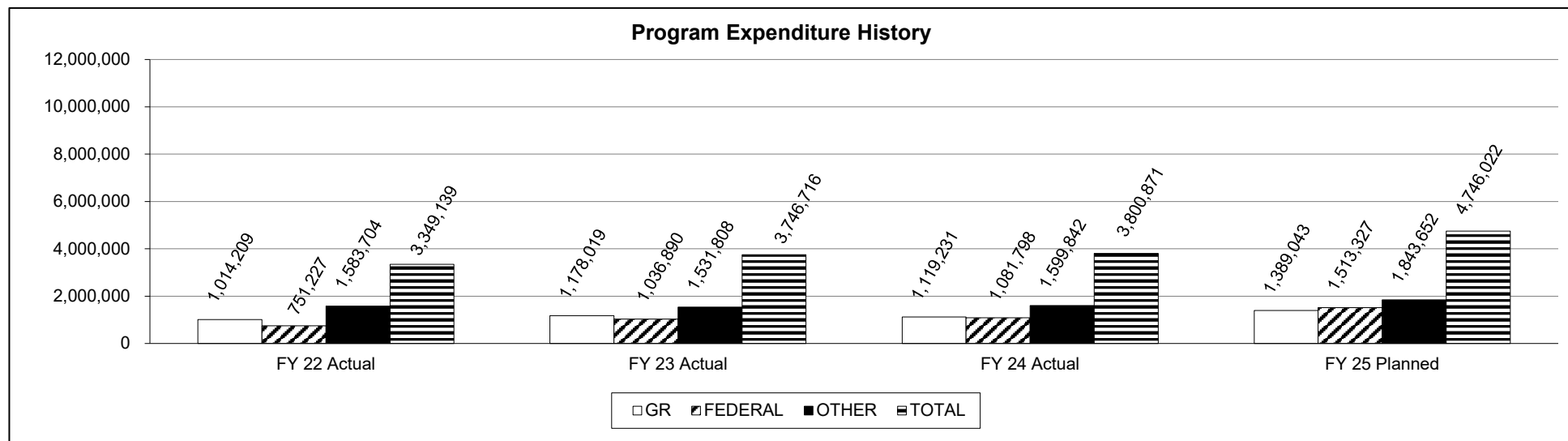
**Health and Senior Services**

**AB Section(s):** 10.730

**Genetics and Newborn Health Services**

**Program is found in the following core budget(s):** Genetics and Newborn Health Services

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe)**



**4. What are the sources of the "Other" funds?**

Health Initiatives Fund (0275) and Missouri Public Health Services (0298).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 191.300 - 191.380 RSMo (Adult Genetics and Metabolic Formula; Sections 191.331 - 191.332 RSMo (Newborn Blood Spot Screening)); Sections 191.925 - 191.931, RSMo (Newborn Hearing Screening); Section 191.334, RSMo (Newborn Critical Congenital Heart Disease Screening); Section 191.725, RSMo (Prenatal Substance Use Prevention Program); Section 194.117, RSMo (Sudden Infant Death Syndrome); the Federal Omnibus Budget Reconciliation Act OBRA 89 and Section 192.601, RSMo (TEL-LINK).

**6. Are there federal matching requirements? If yes, please explain.**

Yes. The Title V Maternal and Child Health Services Block Grant partially supports this program and requires a three dollar non-federal match for every four dollars of federal funds received, and requires maintenance of effort.

**7. Is this a federally mandated program? If yes, please explain.**

Yes. The Maternal Child Health Information and Referral Line (TEL-LINK) is mandated under the Federal Omnibus and Reconciliation Act (OBRA 89).

**PROGRAM DESCRIPTION**

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.735</u>
<b>Health Informatics and Epidemiology</b>	
<b>Program is found in the following core budget(s): Health Informatics and Epidemiology</b>	

**1a. What strategic priority does this program address?**  
 Invest in Innovation to Modernize Infrastructure, Expand Access to Services, and Build and Strengthen Partnerships.

**1b. What does this program do?**  
 The Health Informatics and Epidemiology is responsible for collecting, analyzing, and providing health information on a range of health conditions and diseases, risk factors, and preventative practices. It houses the resources necessary to operate and maintain major public health information systems, state vital statistics, community health information, and medical and public health epidemiology resources necessary to prevent, intervene, and control diseases and conditions impacting the health wellness of Missourians.

The unit is involved in health data collection, from the enumeration of the population at risk (e.g. birth and death records) to health-care related experiences of Missourians, (e.g. managing the Patient Abstract System, health data abstracting, healthcare infections reporting) communicable (infectious) diseases, sexually transmitted infections (STIs) and zoonotic diseases; the collection, analysis, and interpretation of data (e.g. Behavioral Risk Factor Surveillance System (BRFSS); the Pregnancy Risk Assessment Monitoring System (PRAMS); the Missouri Cancer Registry (MCR); the Pregnancy Mortality Surveillance System (PMSS); the State Unintentional Drug Overdose Reporting System (SUDORS), and the Missouri Violent Death Reporting System (MOVDRS); the dissemination of health statistics (e.g. Missouri Public Health Information Management System (MOPHIMS); and the distribution of downloadable public service announcements, brochures, and other information; as well as statewide reportable surveillance systems (Websurv and EpiTrax); the HIV/AIDS reporting system (eHARS), and the Missouri Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE).

**2a. Provide an activity measure(s) for the program.**

<b>Health Information Services Provided</b>						
	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>	<b>FY 2027 Proj.</b>
Data Requests	1,360	767	1,162	949	977	1,000
Exhibits	5	10	6	9	9	9
Customized Presentations	73	43	50	59	63	66
Publications	6	54	37	36	40	38

The number of data requests and customized presentations in FY 2022 were significantly higher than in prior years due to the increased demand for COVID-19 related prevalence, hospitalization, mortality, and vaccine data. FY 2023 saw a return to more normal levels of requests. The number of data requests in FY 2024 was significantly higher due to an increased amount of established weekly reports and internal staff expansion.

**PROGRAM DESCRIPTION**

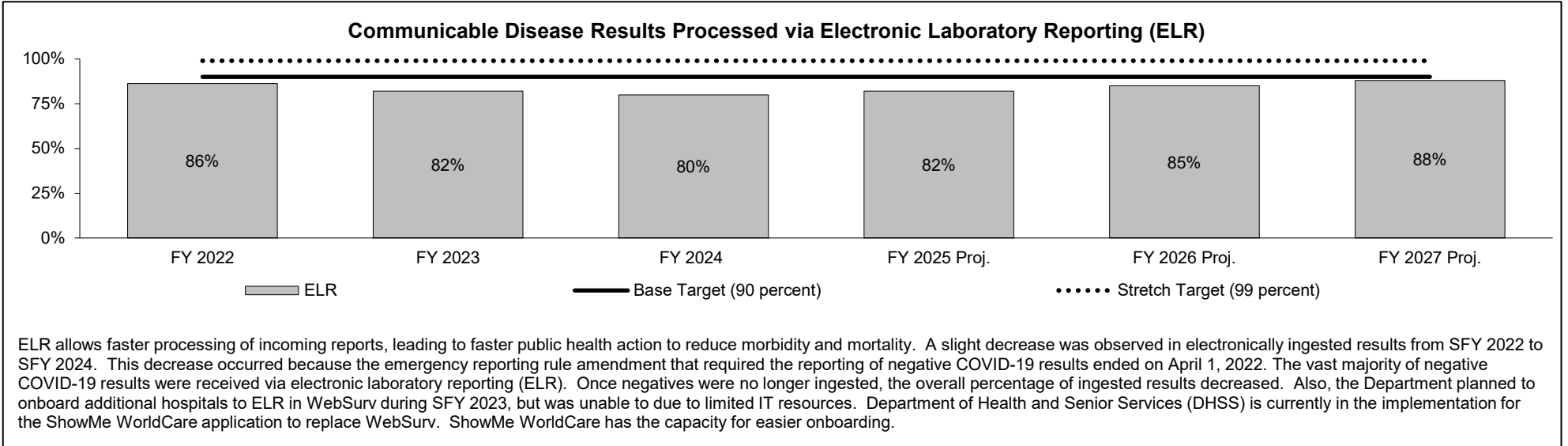
**Department of Health and Senior Services**

**AB Section(s):** 10.735

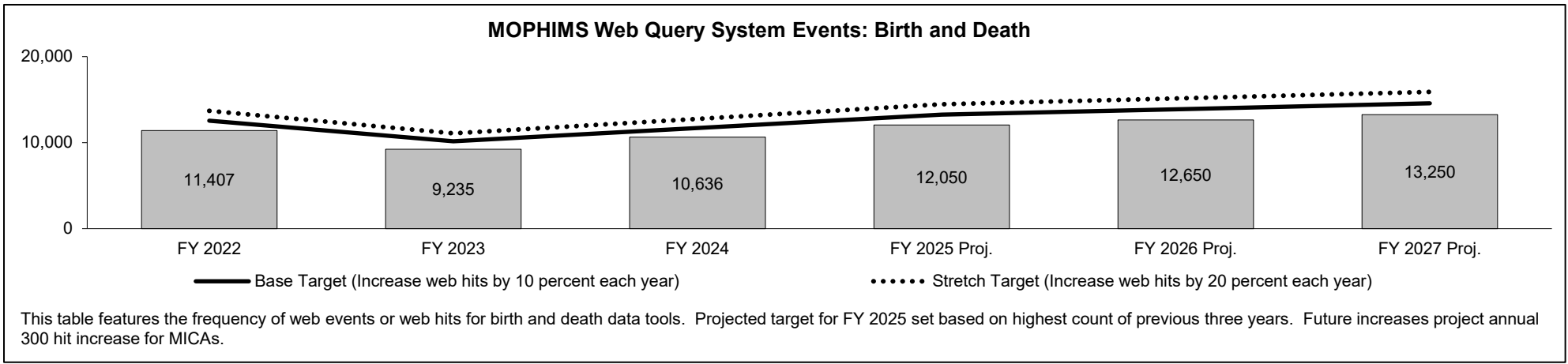
**Health Informatics and Epidemiology**

**Program is found in the following core budget(s):** Health Informatics and Epidemiology

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**





**PROGRAM DESCRIPTION**

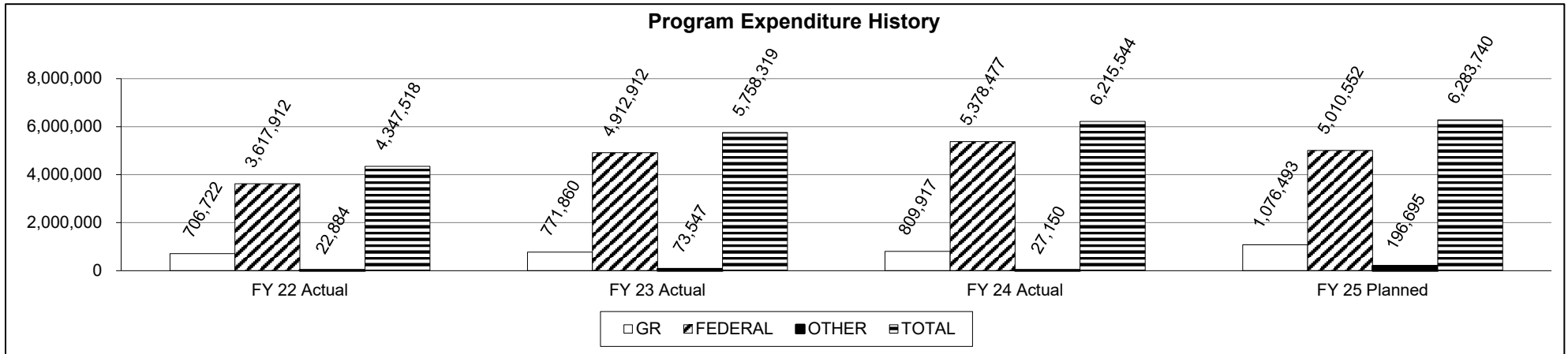
**Department of Health and Senior Services**

**AB Section(s):** 10.735

**Health Informatics and Epidemiology**

**Program is found in the following core budget(s):** Health Informatics and Epidemiology

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Initiatives (0275) and Department of Health and Senior Services Document Services (0646).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 167.183, 188.052, 188.055, 192.020, 192.025, 192.040, 192.067, 192.068, 192.131, 192.323, 192.380, 192.650-657, 192.665-192.667, 193.045, 193.245, 193.255, 210.040, 210.050, 260.391.1(2), and 380.010. Behavioral Risk Factor Surveillance System: 42 USC Section 301 (a)317(k); Missouri Cancer Registry Cancer Information System: Section 192.650-657, RSMo, PL 102-515; Pregnancy Risk Assessment Monitoring System: CDC-RFA-DP06-002; Maternal and Child Health Title V Block Grant: Social Security Act, Title V, Sections 501-510 (USC 701-710, Subchapter V, Chapter 7, Title 42); and National Violent Death Reporting System: CDC-RFA-CE16-1607.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, the Cancer Registry grant requires one dollar of in-kind match from reporting facilities and the University of Missouri for every three dollars of federal funds and requires maintenance of effort. The Title V Maternal and Child Health (MCH) Block Grant supports portions of the Office of Epidemiology and requires a three dollar non-federal to a four dollar federal match and maintenance of effort.

**7. Is this a federally mandated program? If yes, please explain.**

Yes, the Cancer Registry is federally mandated (Cancer Registries Amendment Act: PL 102-515).



## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.740</u>
<b>HIV, STI, and Hepatitis Services</b>	
<b>Program is found in the following core budget(s): HIV, STI, and Hepatitis Services</b>	
<b>1a. What strategic priority does this program address?</b>	
Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, Expand Access to Services, Include Diversity and Inclusion in All Practices.	
<b>1b. What does this program do?</b>	
This program provides HIV, sexually transmitted infection (STI), and viral hepatitis education to the general public, those at risk for infection, and clinical providers; access to HIV, STI, and viral hepatitis prevention and testing services; increased access to HIV, STI, and viral hepatitis care and treatment; and a coordinated and efficient use of limited HIV, STI, and viral hepatitis resources to protect health and keep people safe. These outcomes are achieved through the following activities:	
<ul style="list-style-type: none"><li>• Educating Missourians regarding HIV, STI, and hepatitis prevention, education, testing, and linkage to care services to stop the spread of infection, prevent re-infection, and prevent poor health outcomes.</li><li>• Providing screening and testing resources for specific, disproportionately affected populations who are underinsured or uninsured. Priority populations vary by condition and are based on epidemiological data and grant priorities.</li><li>• Delivering services in collaboration with local public health agencies, as well as a network of prevention contractors and testing program partner sites to ensure access to services throughout the state.</li><li>• Providing disease information, risk reduction counseling, and partner services (including elicitation of sex/needle-sharing partners and confidential notification of exposed partners to offer counseling, testing, and referral for treatment and care).</li><li>• Providing access to HIV medical care, medication, and related services for low-income Missourians living with HIV to improve individual health outcomes as well, as to reduce HIV transmission rates. Individuals living with HIV for whom the virus is well controlled by HIV medications pose essentially no risk of transmitting the virus through sexual contact.</li><li>• Facilitating the coordination and collaboration among statewide HIV, STI, and hepatitis service providers and stakeholders to determine program priorities and ensure efficient use of limited resources based on historical epidemiological data and emerging trends.</li></ul>	

**PROGRAM DESCRIPTION**

**Health and Senior Services**

AB Section(s): 10.740

**HIV, STI, and Hepatitis Services**

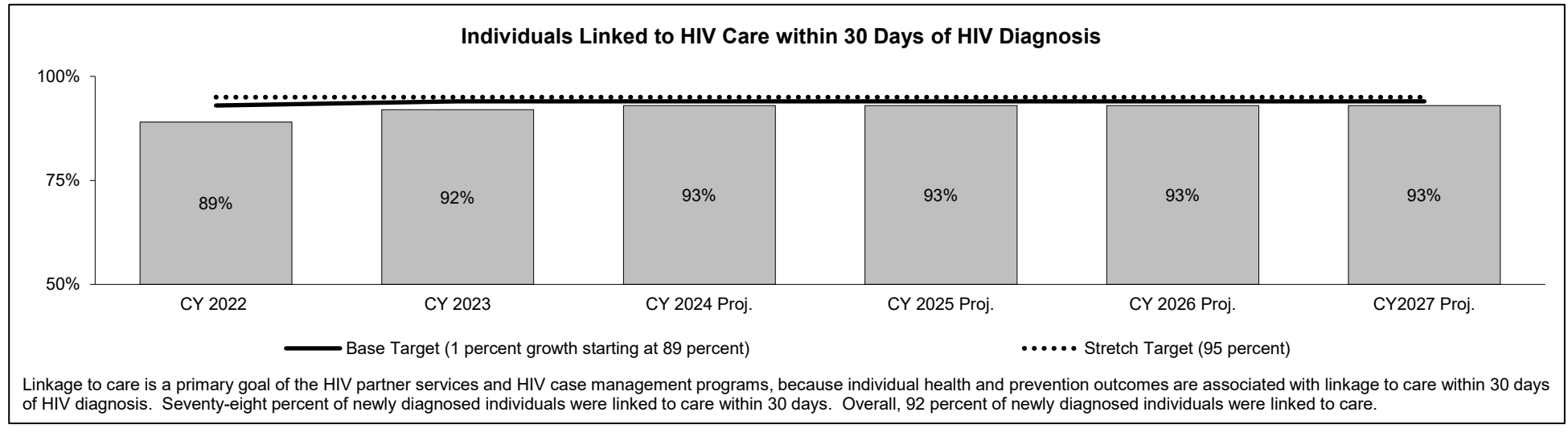
**Program is found in the following core budget(s): HIV, STI, and Hepatitis Services**

**2a. Provide an activity measure(s) for the program.**

HIV, STI, and Hepatitis Clients Served						
Program/Service	CY 2022	CY 2023	CY 2024 Proj.	CY 2025 Proj.	CY 2026 Proj.	CY 2027 Proj.
HIV Care Program Clients Served	8,614	8,535	8,650	8,650	8,700	8,700
HIV Tests	61,961	70,127	80,000	85,000	90,000	90,000
Hepatitis C Rapid Tests ***	2,583	4,962	4,000	4,500	4,500	5,000
Gonorrhea/Chlamydia Tests	44,732	50,712	55,000	55,000	55,000	55,000
Syphilis Tests	21,935	24,822	30,000	30,000	30,000	30,000
Individuals Receiving Partner Services**	3,900	4,300	4,000	4,000	4,000	4,000
Condoms Distributed	507,179	798,668	810,000	820,000	820,000	820,000
STI Medications Distributed*	55,283	55,952	65,000	65,000	65,000	65,000

\*Medications for the treatment of Gonorrhea, Chlamydia, or Syphilis infection; units represent one pill, vial, or shot.  
 \*\*The methodology for this measure will be reviewed over the next year to determine if there is possible underreporting.  
 \*\*\* The Viral Hepatitis program had additional grant funding that they put toward rapid HCV testing for CY23. There is no guarantee that this funding will be available for that in future years.

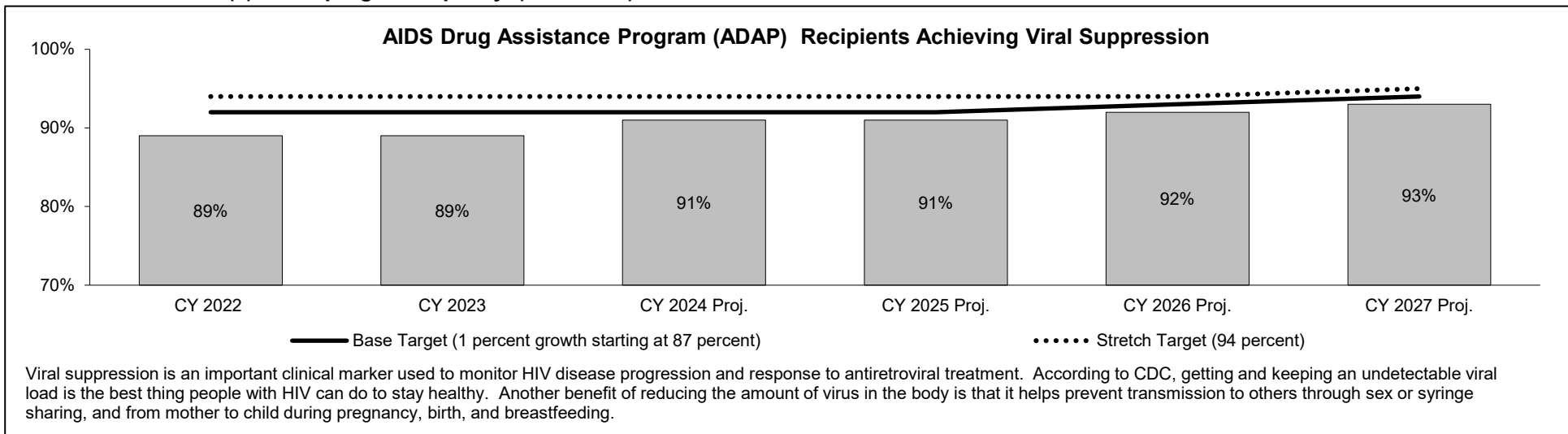
**2b. Provide a measure(s) of the program's quality.**



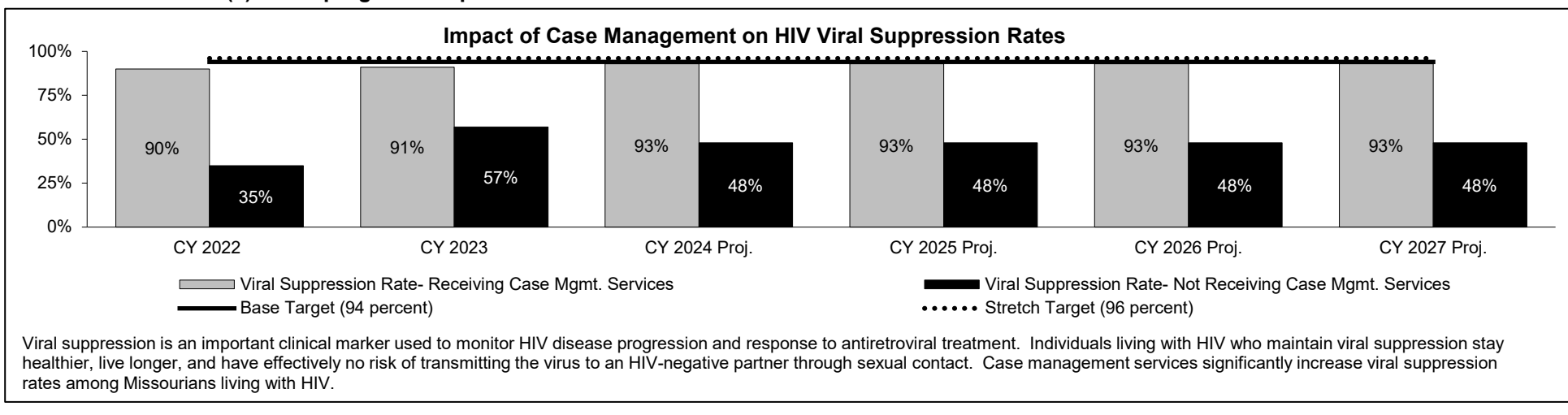
**PROGRAM DESCRIPTION**

**Health and Senior Services** AB Section(s): 10.740  
**HIV, STI, and Hepatitis Services**  
 Program is found in the following core budget(s): **HIV, STI, and Hepatitis Services**

**2b. Provide a measure(s) of the program's quality. (continued)**



**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

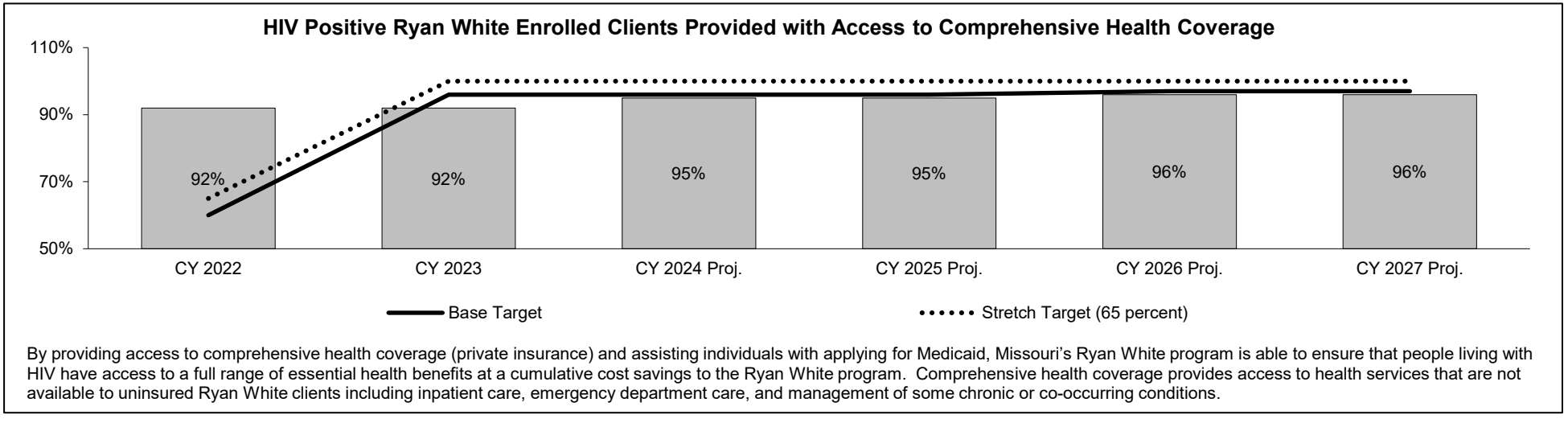
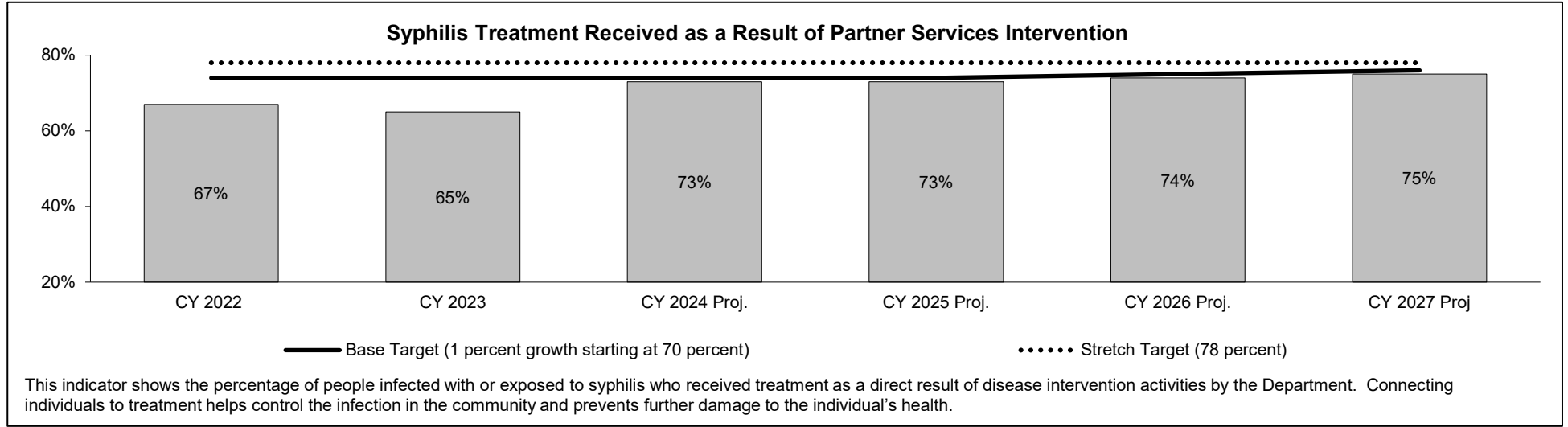
**Health and Senior Services**

**AB Section(s):** 10.740

**HIV, STI, and Hepatitis Services**

**Program is found in the following core budget(s):** HIV, STI, and Hepatitis Services

**2c. Provide a measure(s) of the program's impact. (continued)**



## PROGRAM DESCRIPTION

**Health and Senior Services**

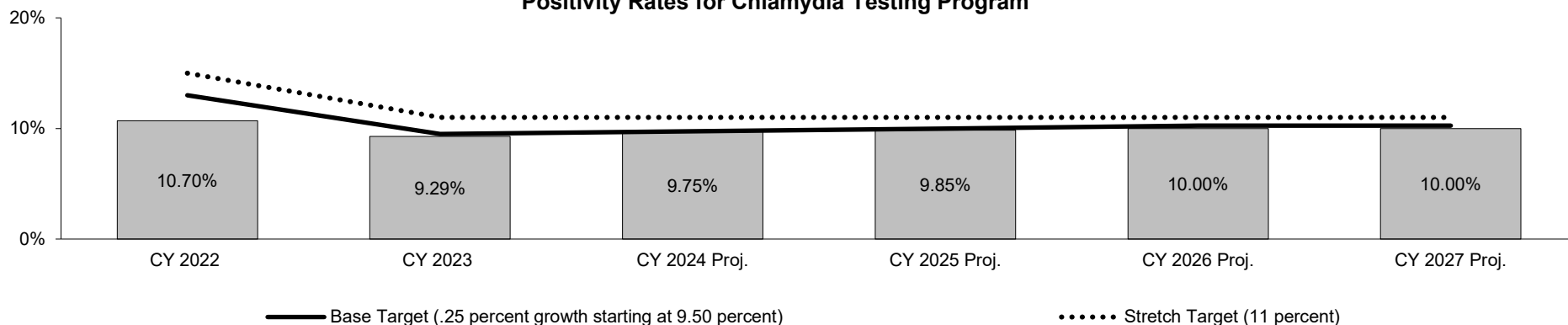
AB Section(s): 10.740

**HIV, STI, and Hepatitis Services**

**Program is found in the following core budget(s): HIV, STI, and Hepatitis Services**

**2d. Provide a measure(s) of the program's efficiency.**

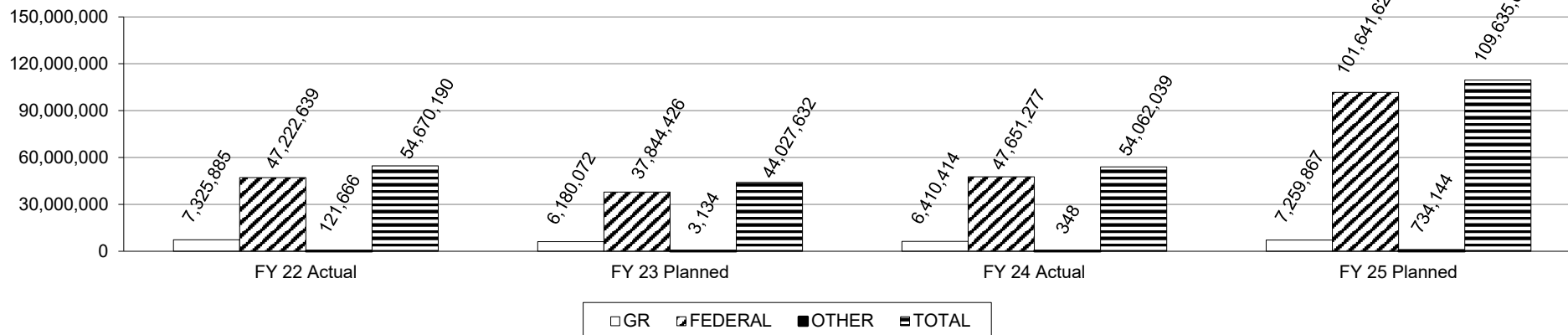
**Positivity Rates for Chlamydia Testing Program**



Chlamydia testing focuses on those who are most at-risk for infection, including those with no signs or symptoms. High testing positivity rates indicate that the testing program is effectively targeted to those individuals who are most at risk for infection rather than using limited resources to test individuals with low or no risk of infection. Prior CDC cooperative agreements recommended a testing program positivity rate of three percent. Missouri's testing program currently exceeds this target, and continues to work to identify individuals and populations who are at increased risk for infection.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

**Program Expenditure History**



## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.740</u>
<b>HIV, STI, and Hepatitis Services</b>	
<b>Program is found in the following core budget(s): HIV, STI, and Hepatitis Services</b>	
<b>4. What are the sources of the "Other " funds?</b> Health Initiatives (0275).	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Sections 191.653, 191.656, and 191.677, RSMo; Public Law 111-87 (Ryan White HIV/AIDS Treatment Extension Act of 2009); and Acquired Immune Deficiency Syndrome (AIDS) Housing Opportunity Act, 42 USC Section 12901.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> Yes, the Ryan White grant requires a one dollar state match for every two dollars of Ryan White Part B Base and ADAP funding. No match is required for Ryan White Supplemental or other sources of funding for the HIV, STI, and Hepatitis Program.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> No.	

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.745</u>
<b>Local Public Health Agency Support</b>	
<b>Program is found in the following core budget(s): Local Public Health Agency Support</b>	
<b>1a. What strategic priority does this program address?</b>	
Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, Expand Access to Services, Include Diversity and Inclusion in All Practices, Programs and Services, Re-envision and Strengthen Workforce, Invest in Innovation to Modernize Infrastructure	
<b>1b. What does this program do?</b>	
<p>The Department of Health and Senior Services (DHSS), Center for Local Public Health administers participation agreements with 115 local health agencies to ensure public health services are available in every county in Missouri. The presence of public health services at the local level is essential for protecting health and keeping people safe. The local health agencies are a vital partner in providing statewide services including, but not limited to, communicable disease surveillance and outbreak response, environmental surveillance (retail food, lodging, on-site sewage, childcare sanitation), immunizations, infectious disease testing and referral to care, chronic disease prevention and control, education, public health emergency preparedness and response, and vital record issuance.</p> <p>The funding administered allows local health agencies to utilize funding as needed to deliver public health services in cooperation with DHSS. While DHSS is available for technical assistance and may lead activities in some program areas, public health services statewide would not be available without the existence of local public health agencies. State funding constitutes a different percentage of each local health department's total budget, but overall, public health in Missouri remains underfunded and state funding is necessary to maintain local delivery of these services. The federal funding (54 percent of the total in FY 2024) distributed through these core participation agreements is the result of federal match received on expenditures reported by locals for specific unreimbursed services they have delivered to children age 0 through 19 (Children's Health Insurance Program, Health Services Initiative (CHIP H.S.I.)). DHSS staff provide technical assistance regarding CHIP H.S.I. claiming, and collect and aggregate the expenditure data for all 115 agencies for quarterly submission to the Center for Medicare and Medicaid Services (through collaboration with Department of Social Services) in order to receive this match. In addition to the core funding, an additional \$3.8 million in general revenue, referred to as incentive funding, is available in total to the 115 local public health agencies. The incentive funding is only distributed to an individual agency if the agency is able to demonstrate achievement of specific quality initiatives.</p> <p>Besides funding support, the Center for Local Public Health staff provide a collaborative approach to quality services by holding orientations and trainings for new administrators, boards of health and county commissioners, connecting locals with staff throughout DHSS for specific programmatic technical assistance, and connecting locals with resources and programs through conference calls and in-person meetings offered throughout the year. The DHSS also assists in sponsoring a state-wide annual conference for public health professionals.</p>	

**PROGRAM DESCRIPTION**

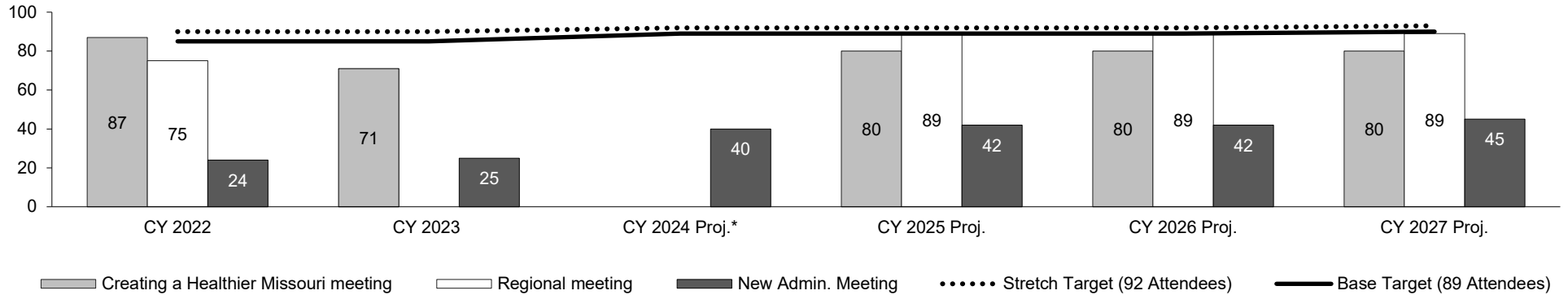
**Health and Senior Services** **AB Section(s):** 10.745  
**Local Public Health Agency Support**  
**Program is found in the following core budget(s):** Local Public Health Agency Support

**2a. Provide an activity measure(s) for the program.**

<b>LPHAs Served by the Center for Local Public Health Services</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024 Proj.*****</b>	<b>FY 2025 Proj.</b>	<b>FY 2026 Proj.</b>	<b>FY 2027 Proj.</b>
LPHAs with CORE Participation Agreements	114	115*	115	115	115	115
LPHAs receiving individualized training/technical assistance**	12	44	83	40	40	40
Regional Public Health Meetings, Statewide and/or New Administrator Meetings Offered***	2	3	3	3	3	3
Number of LPHAs Participating in Incentive Funding Program****	Not Collected	Not Collected	115	115	115	115
Percentage of Incentive Funds Earned by LPHAs****	Not Collected	Not Collected	80%	82%	82%	83%

\*Independence closure 6/30/18 reduced the number of LPHAs to 114 starting FY 2019. Independence reopened and entered into a CORE agreement in late FY 2022.  
 \*\*LPHAs receive training/technical assistance regarding CHIP H.S.I claiming and new administrators and local boards of health orientation receive training as well. Higher numbers in training and technical assistance in FY 2023 was due to a large turnover in staff due to COVID which increased the need for trainings. Trainings also increased in FY 2024 as public health board trainings were a part of the LPHA Incentive Program that was established in FY 2024.  
 \*\*\*In-person group New Administrator Meetings were hosted beginning in FY 2022 and will continue. Regional meetings consist of the same agenda offered at six locations throughout the state. Due to COVID-19, the regional meetings were held virtually but resumed in-person in FY 2023.  
 \*\*\*\*Incentive funding was not offered until FY 2024.  
 \*\*\*\*\*FY 2024 data available December 2024.

**LPHA Meeting Attendees**



Due to the COVID-19 pandemic, Creating a Healthier Missouri meeting was not held in CY 2020 and CY 2021, but was held in-person in CY 2022. Regional meetings were not held in CY23 nor C24 due to other large scale LPHA meetings that supported by the Center, but will start again in CY25. A group meeting for new administrators was established in CY 2021. It had a large turn out in CY 2022 and CY 2023 due to LPHA Administrator turnover after COVID. Due to meetings being a part of the LPHA Quality Incentive Program established in FY2024, it is projected that meeting attendance will increase in future years.

\*Data available December 2024.



**PROGRAM DESCRIPTION**

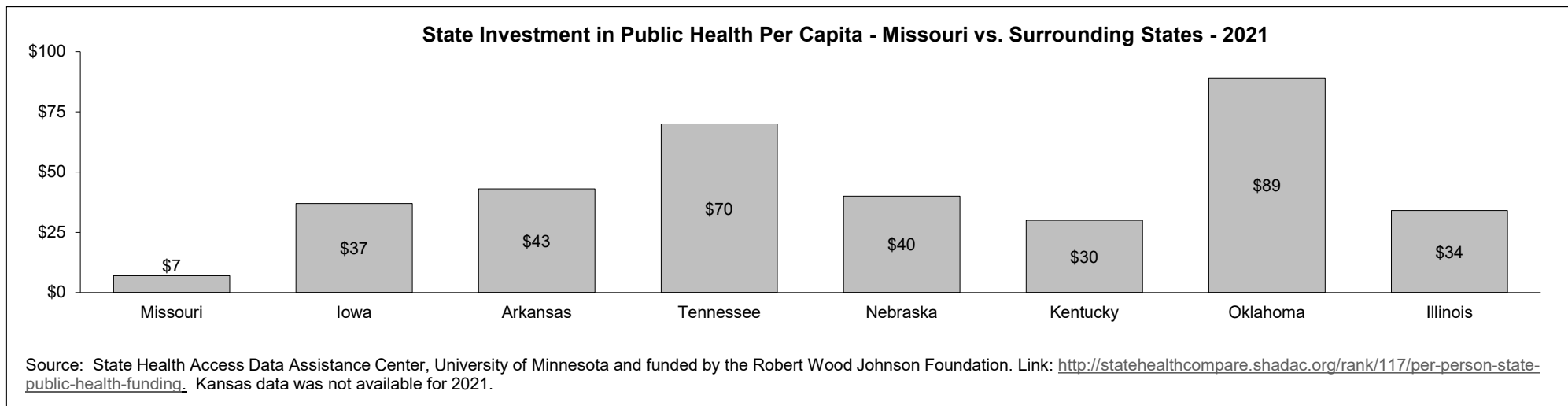
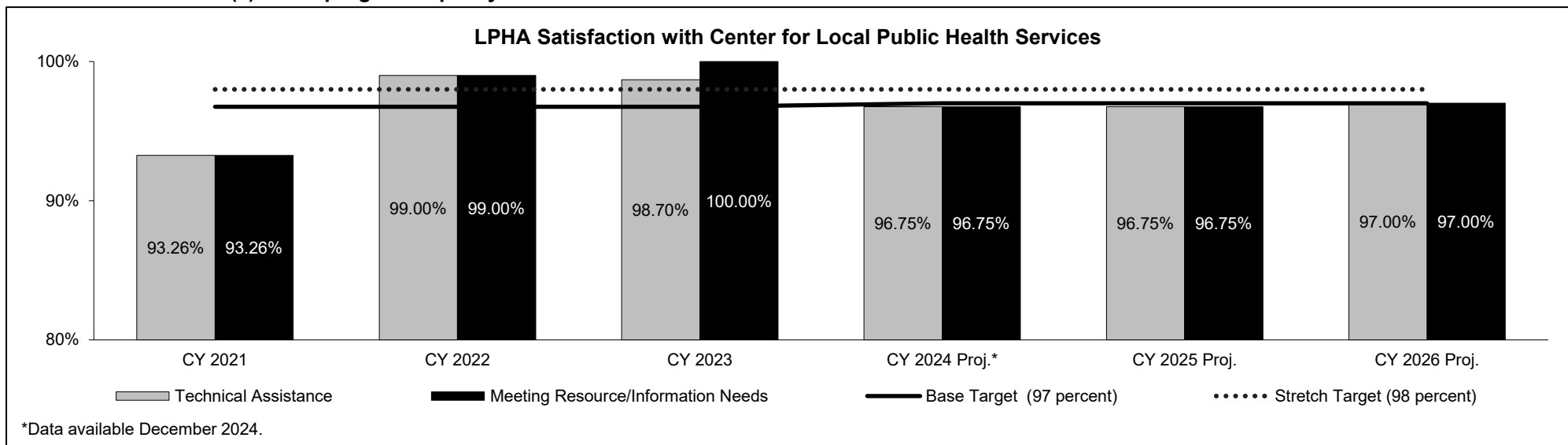
**Health and Senior Services**

**AB Section(s):** 10.745

**Local Public Health Agency Support**

**Program is found in the following core budget(s):** Local Public Health Agency Support

**2b. Provide a measure(s) of the program's quality.**





**PROGRAM DESCRIPTION**

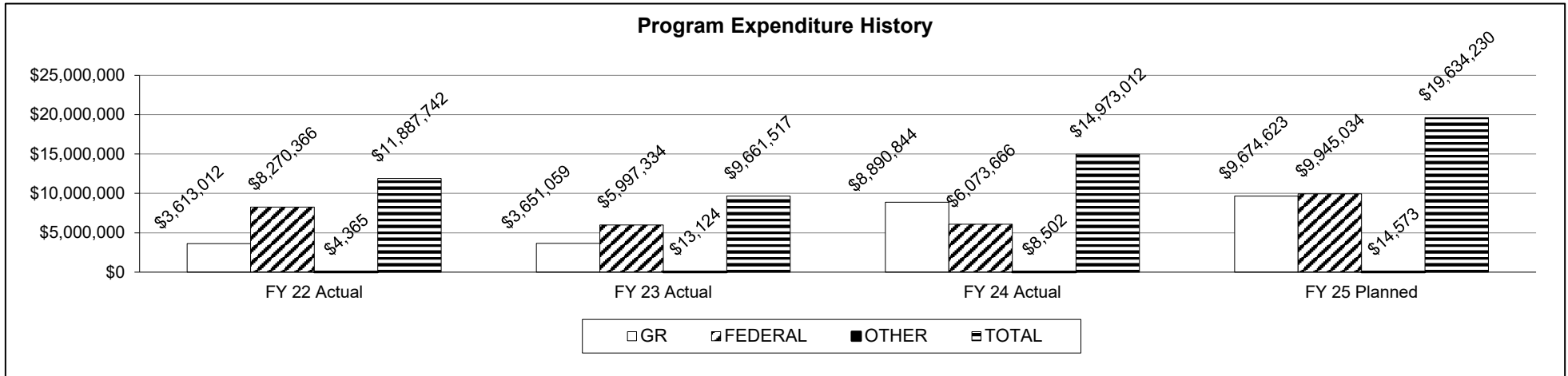
**Health and Senior Services**

**AB Section(s):** 10.745

**Local Public Health Agency Support**

**Program is found in the following core budget(s):** Local Public Health Agency Support

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Missouri Public Health Services (0298).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 167.181, 191.668, 191.677, 192.020, 192.031, 192.072, 192.080, 192.090, 192.110, 192.510, 196.030, 196.045, 196.055, 196.240, 196.866, 196.951, 199.170-270, 199.350, 210.003, 210.050, 315.007, 322.140, 701.033, 701.326, 701.328, 701.336, and 701.343, RSMo (Disease Surveillance, Communicable Disease Prevention, Immunization, Environmental Public Health and Safety, Childhood Lead Poisoning Prevention).

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.

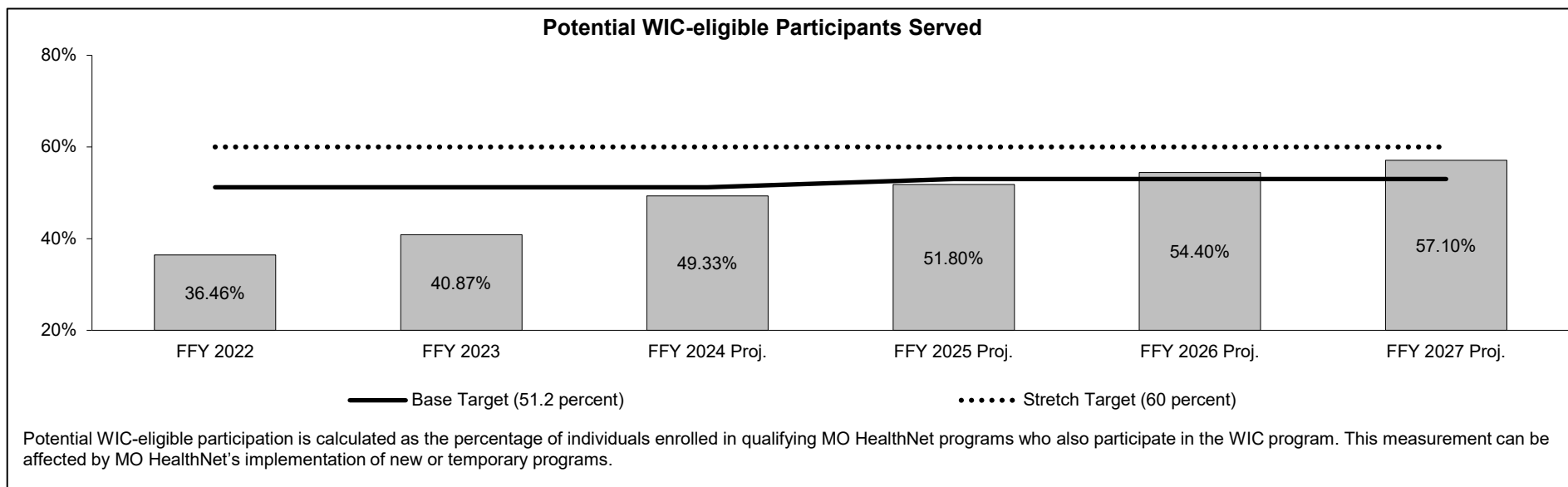
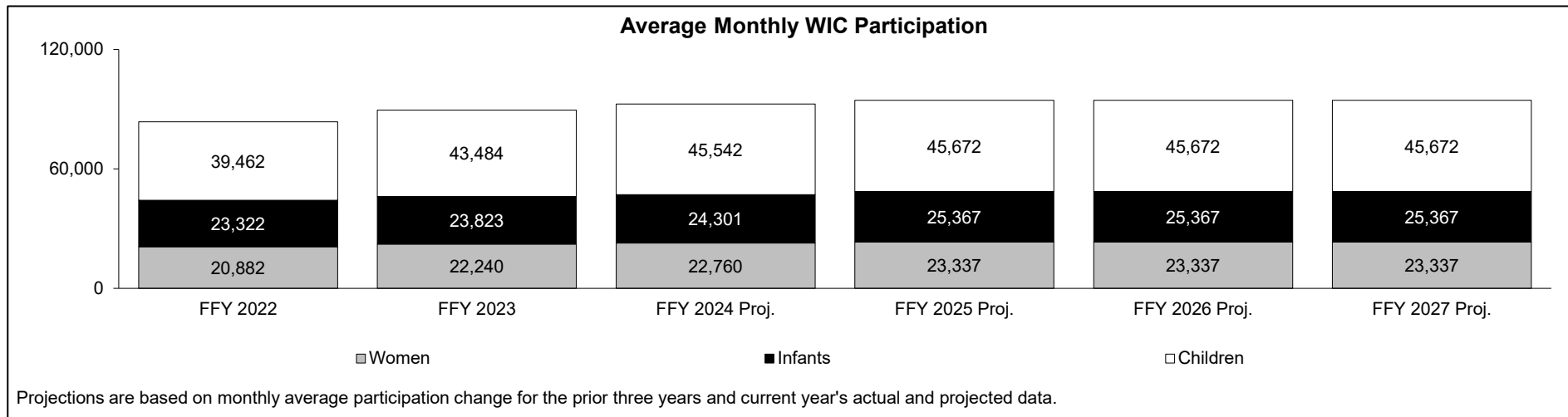
## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.750</u>
<b>Nutrition Initiatives Program</b>	
<b>Program is found in the following core budget(s):</b>	
<b>1a. What strategic priority does this program address?</b>	
Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, Expand Access to Services, Include Diversity and Inclusion in All Practices, Programs and Services, Expand Access to Services, Invest in Innovation to Modernize Infrastructure	
<b>1b. What does this program do?</b>	
The nutrition initiatives programs implement services and activities that increase access to healthy, nutritious food, which in turn increases positive health outcomes for eligible Missourians and reduces preventable nutrition-related illnesses and deaths.	
<ul style="list-style-type: none"><li>• Specific programs include:<ul style="list-style-type: none"><li>• WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children, which provides supplemental nutritious foods, nutrition education, breastfeeding promotion and support, and referrals to health and other social services for low-income pregnant, breastfeeding, and postpartum women, and to infants and children up to age five who are found to be at nutritional risk;</li><li>• The Child and Adult Care Food Program (CACFP), which improves the nutritional health of children and adults in child care centers, family child care homes, adult day care facilities, emergency/homeless shelters, and afterschool programs;</li><li>• The Summer Food Service Program (SFSP), which assures that low-income children continue to receive nutritious meals when school is not in session and during times of emergency such as the COVID-19 pandemic when all schools were closed or operating virtually; and</li><li>• The Commodity Supplemental Food Program (CSFP), which improves the nutrient intake needed for adults 60 years of age and older by providing supplemental commodity food which contains needed sources of iron, calcium, protein, and vitamins A and C.</li></ul></li><li>• The programs improve nutritional health through a variety of services, such as:<ul style="list-style-type: none"><li>• Health screening and risk assessment;</li><li>• Nutrition counseling;</li><li>• Breastfeeding promotion and support;</li><li>• Referrals to health and social services;</li><li>• Benefits to purchase specific food items needed for good health;</li><li>• Reimbursement for meals which meet federally prescribed guidelines; and</li><li>• Distribution of commodity food packages.</li></ul></li></ul>	

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.750  
**Nutrition Initiatives Program**  
**Program is found in the following core budget(s):**

**2a. Provide an activity measure(s) for the program.**



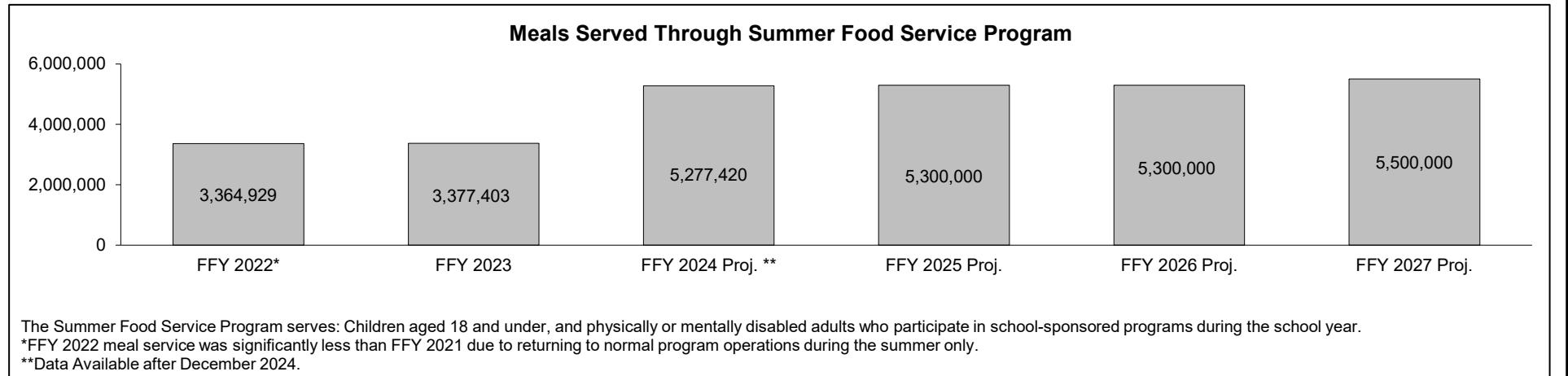
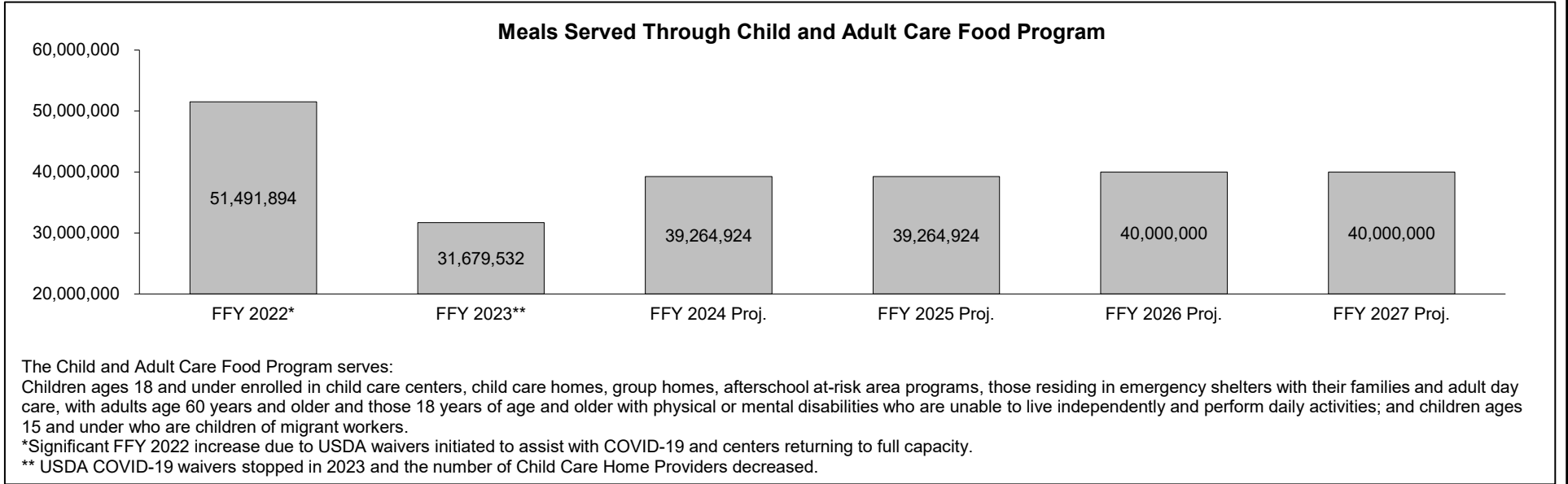
**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.750

**Nutrition Initiatives Program**

**Program is found in the following core budget(s):**

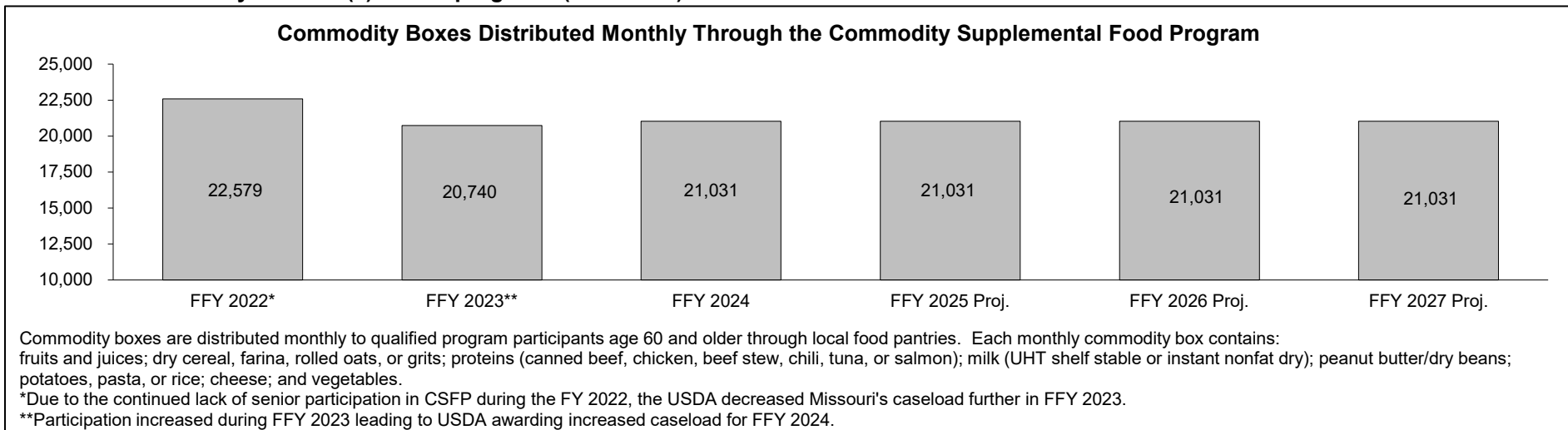
**2a. Provide an activity measure(s) for the program. (continued)**



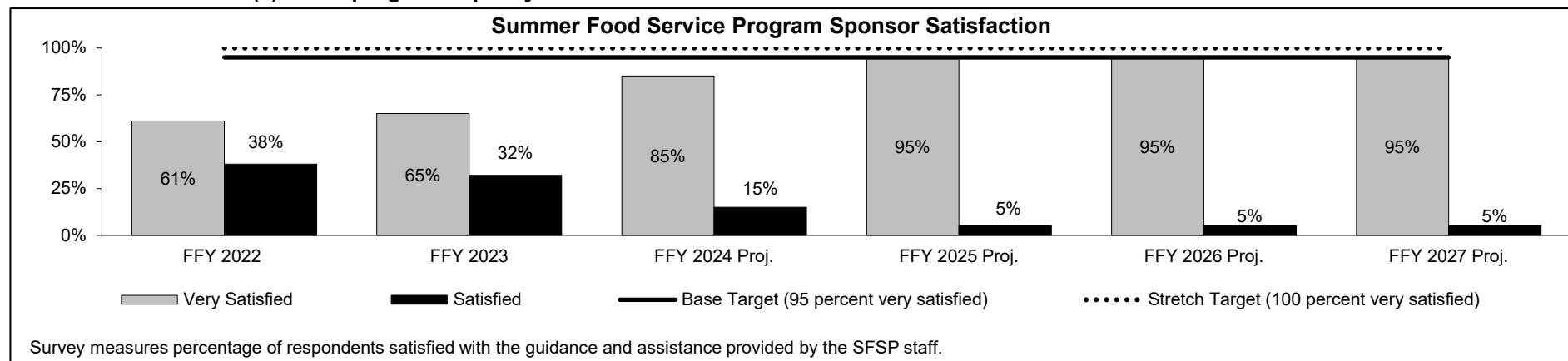
**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.750  
**Nutrition Initiatives Program**  
**Program is found in the following core budget(s):**

**2a. Provide an activity measure(s) for the program. (continued)**



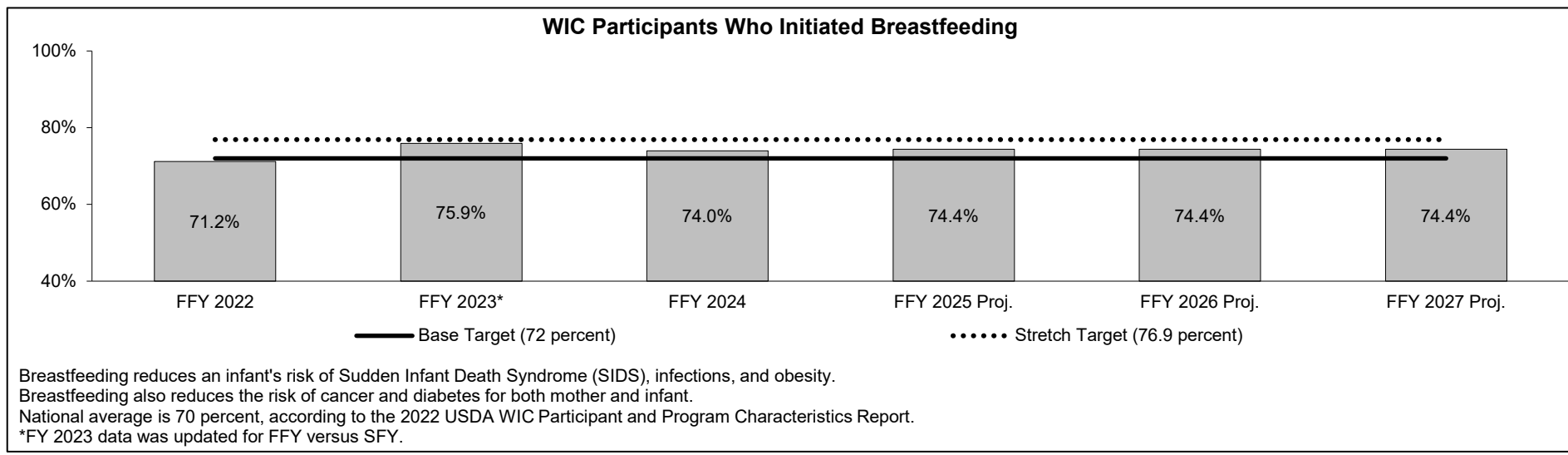
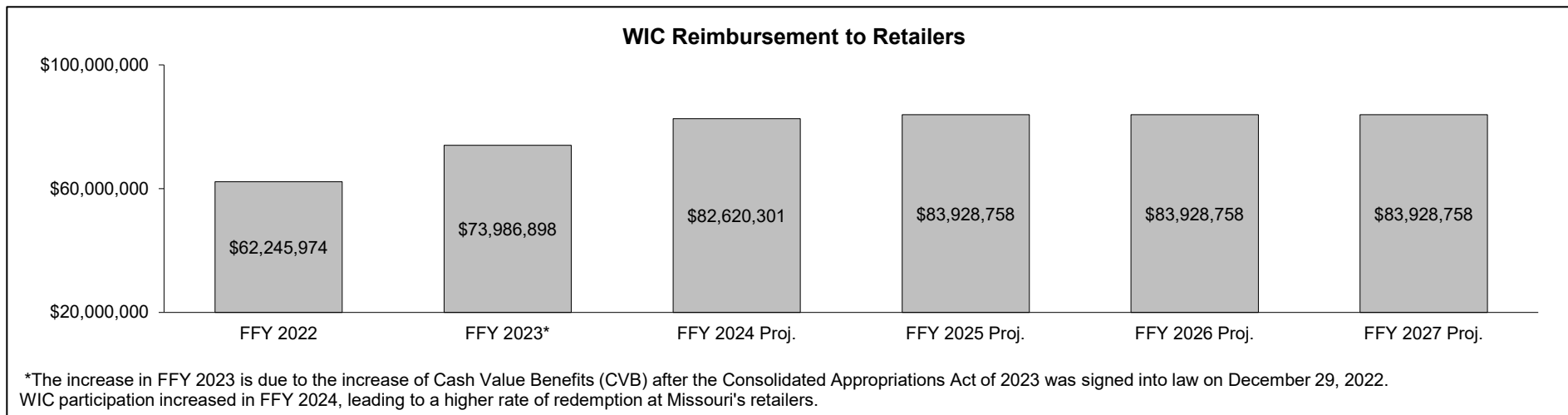
**2b. Provide a measure(s) of the program's quality.**



**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.750  
**Nutrition Initiatives Program**  
**Program is found in the following core budget(s):**

**2c. Provide a measure(s) of the program's impact.**



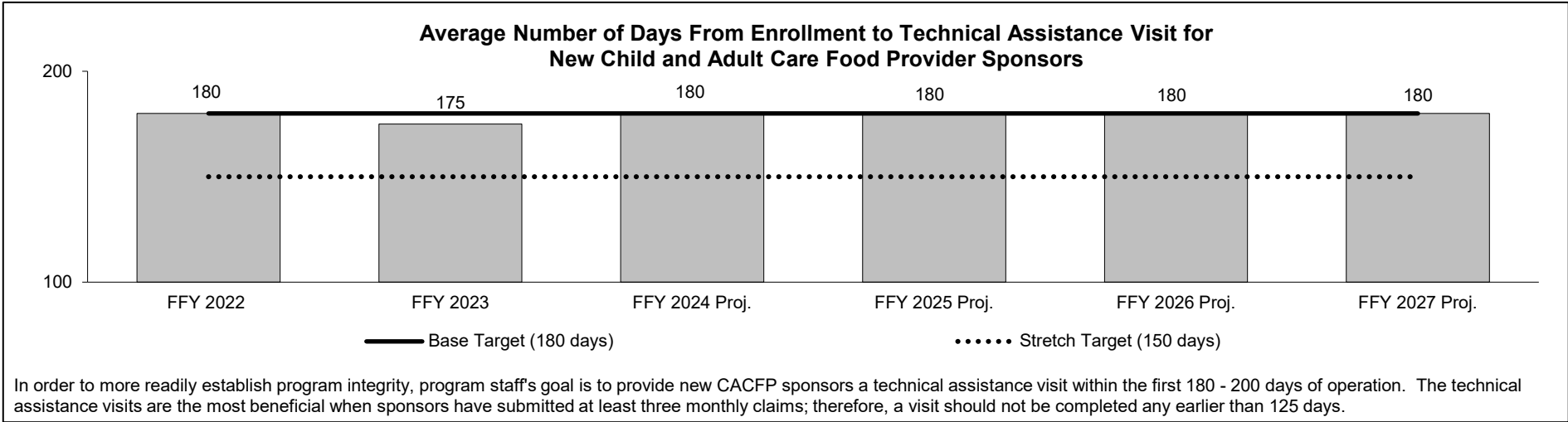




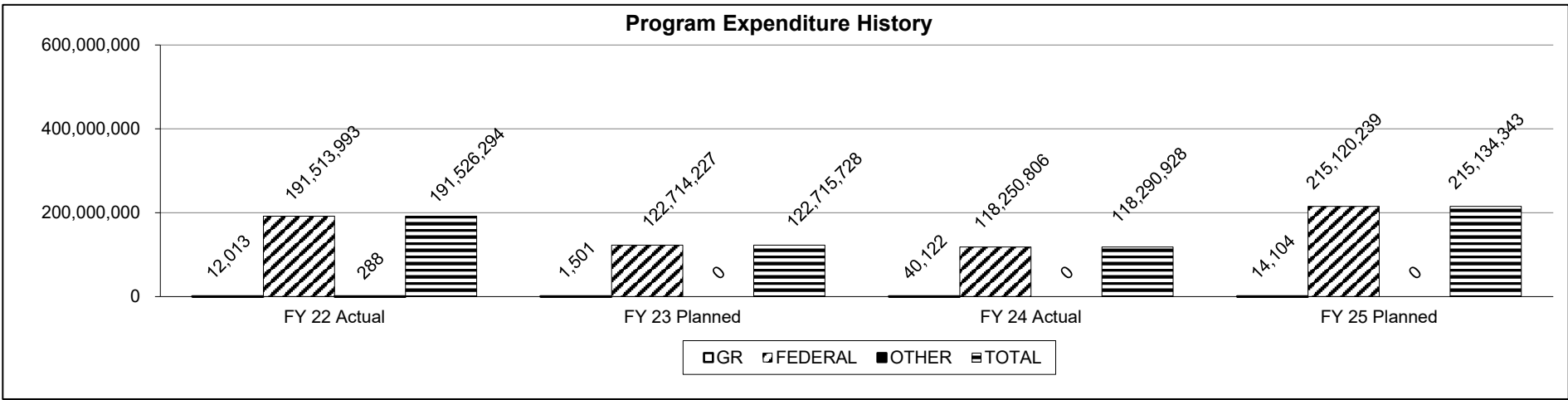
**PROGRAM DESCRIPTION**

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.750</u>
<b>Nutrition Initiatives Program</b>	
<b>Program is found in the following core budget(s):</b>	

**2d. Provide a measure(s) of the program's efficiency. (continued)**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.750</u>
<b>Nutrition Initiatives Program</b>	
<b>Program is found in the following core budget(s):</b>	
<b>4. What are the sources of the "Other " funds?</b> Department of Health and Senior Services - Donated (0658).	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> WIC: Child Nutrition Act of 1966, 42 U.S. Code Sections 1771, 1786, Healthy, Hunger-Free Kids Act of 2010; CACFP: Richard B Russell National School Lunch Act, 42 U.S. Code 1766, Section 17; Section 210.251, RSMo; SFSP: Richard B Russell National School Lunch Act, 42 U.S. Code 1761, Section 13; Section 191.810, RSMo; and CSFP: Farm Security and Rural Investment Act of 2002, 7 U.S. Code 612c; Section 208.603, RSMo.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> No.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> Yes, these programs are required to be administered in every state and are 100 percent federally funded.	

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.755</u>
<b>Rural Health and Primary Care Initiatives</b>	
<b>Program is found in the following core budget(s): Rural Health and Primary Care Initiatives</b>	
<b>1a. What strategic priority does this program address?</b>	
Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, Expand Access to Services, Re-envision and Strengthen Workforce and	
<b>1b. What does this program do?</b>	
The Office of Rural Health and Primary Care (ORHPC), comprised of the State Office of Rural Health (SORH) and the Primary Care Office (PCO), enhances access to health care services to rural and underserved populations and communities to improve the health status of Missouri residents. ORHPC does this by working closely with local health advocates, associations, universities, hospitals and clinics, and providers a variety of community development activities and provides resources and leadership for health care access initiatives.	
SORH provides leadership in the development and coordination of rural health initiatives to support, strengthen, and improve rural health care. Activities include acting as a central location for the collection and dissemination of information related to rural health care issues, research findings related to rural health, and innovative health care delivery approaches; monitoring, coordinating, and facilitating rural health efforts with a focus on avoiding duplication and inefficiencies; and providing technical assistance to rural health stakeholders to support their efforts. Additionally, SORH seeks to promote and develop diverse and innovative health care service models, educate and recommend appropriate public policies to ensure the viability of rural health care delivery. Programs and contracts include providing rural health clinics with trainings and webinars to become Patient Centered Medical Home accredited and the Rural Track Pipeline Program, which establishes rural training sites, identifies and develops community based faculty preceptors, recruits rural students into health care professions, and collaborates with other state and national leaders to promote the advancement of rural health care.	
PCO works to improve primary care service delivery, conduct a health provider needs assessment, manage health professional shortage designation, and address workforce availability to meet the needs of underserved populations. The PCO partners with federal and state programs, communities, private entities, health care facilities, and providers to assess, develop, and expand comprehensive, community-based primary health care services. PCO manages multiple programs, including Missouri's J-1 Visa, National Interest Waiver (NIW), and health professional loan repayment programs; helping to recruit and retain health professionals in underserved communities; and collaborating and providing technical assistance to support improved access to primary care services. PCO also administers the Rural Physician Grant Program awarding funding to primary care physicians to relocate to a Health Professional Shortage Area (HPSA) in exchange for a five-year service obligation and the Missouri Graduate Medical Education Grant Program established in FY24 to increase primary care residency slots available in Missouri.	

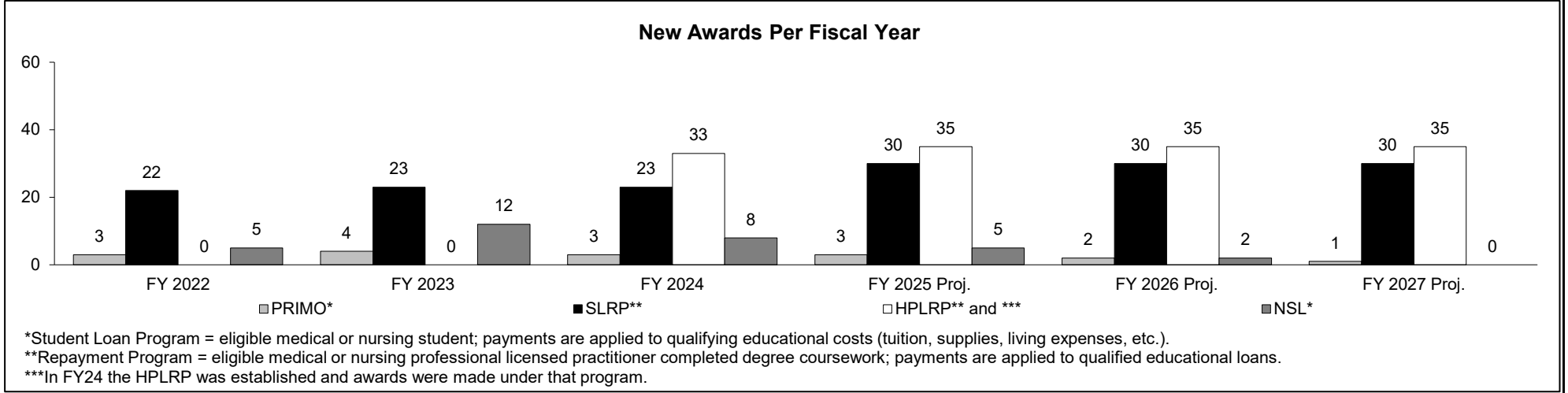
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.755

**Rural Health and Primary Care Initiatives**

**Program is found in the following core budget(s): Rural Health and Primary Care Initiatives**

**2a. Provide an activity measure(s) for the program.**



**2b. Provide a measure(s) of the program's quality.**

Program	Loan Recipient Service Obligation Status Per Fiscal Year											
	FY 2022			FY 2023			FY 2024			FY 2025 Proj.		
	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY	Active Loan Recipients Serving Their Obligation During FY	Loan Recipients Completed Service Obligation During FY	Loan Recipients Defaulted During FY
PRIMO	13	0	0	16	4	1	12	5	0	7	4	0
SLRP	59	14	1	47	18	0	52	19	0	56	23	0
HPLRP	0	0	0	0	0	0	0	0	0	33	33	0
NSL	17	7	0	14	5	0	11	9	1	7	3	0

As of FY 2024, ORHPC will only be funding NSL and PRIMO awards for those who received awards in FY 2023, to ensure they are funded through graduation. Recipients serving their obligation during the fiscal year does not include those awarded in that fiscal year as their contract service obligation starts on July 1 of the following fiscal year. In FY 2024 the HPLRP was established and awards began.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

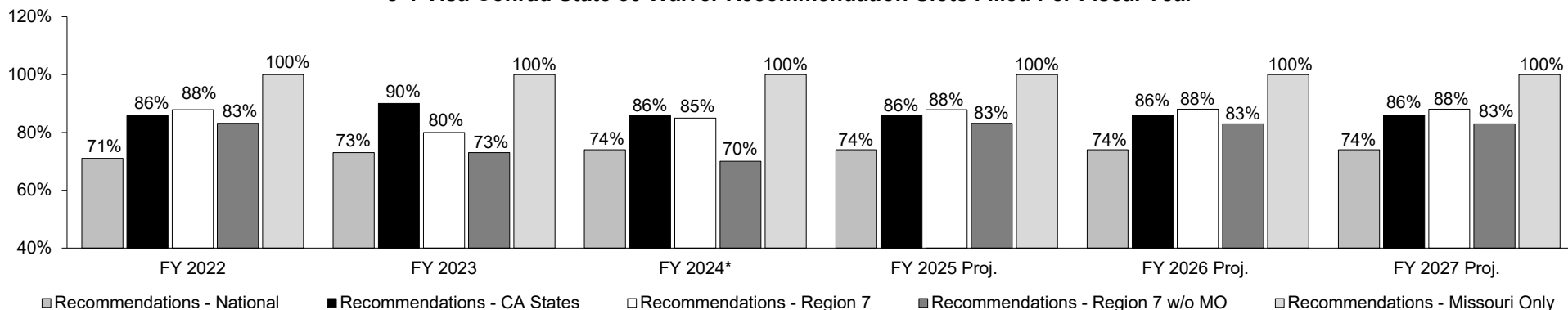
**AB Section(s): 10.755**

**Rural Health and Primary Care Initiatives**

**Program is found in the following core budget(s): Rural Health and Primary Care Initiatives**

**2b. Provide a measure(s) of the program's quality. (continued)**

**J-1 Visa Conrad State 30 Waiver Recommendation Slots Filled Per Fiscal Year**

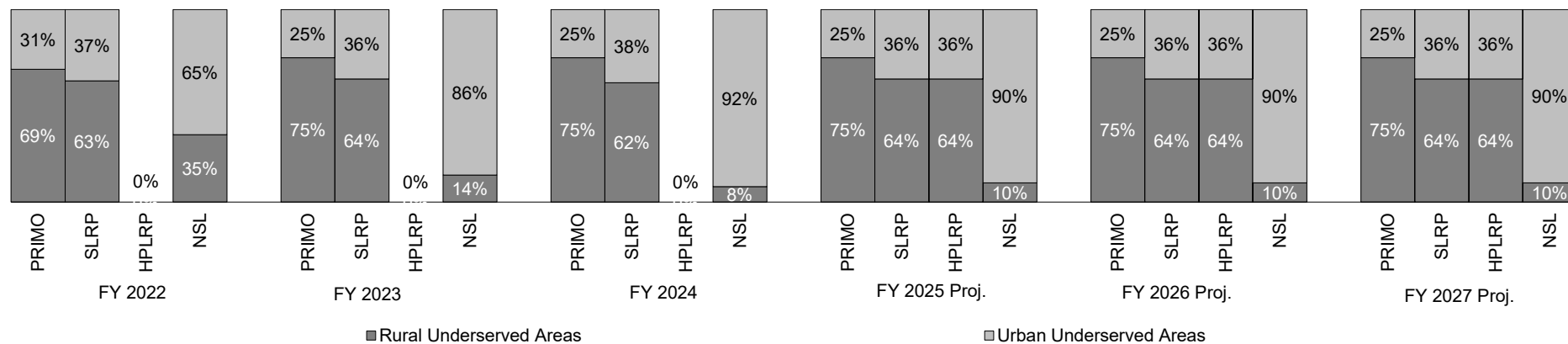


Percentages of J-1 Visa Conrad 30 Waiver slot recommendations were made for the following areas: Nationally, Contiguous Area (CA) states for Missouri (Nebraska, Iowa, Kansas, Illinois, Arkansas, Oklahoma, Kentucky, and Tennessee), Region 7 as a whole (Missouri, Nebraska, Kansas and Iowa), Region 7 without Missouri, and Missouri only.

\*FY 2024 data is not available for all states currently; however, data for Missouri is accurate.

**2c. Provide a measure(s) of the program's impact.**

**Loan Repayment Program by Geographic Working Location**



HPLRP did not begin until FY 2024 and those awarded began service in FY 2025.

**PROGRAM DESCRIPTION**

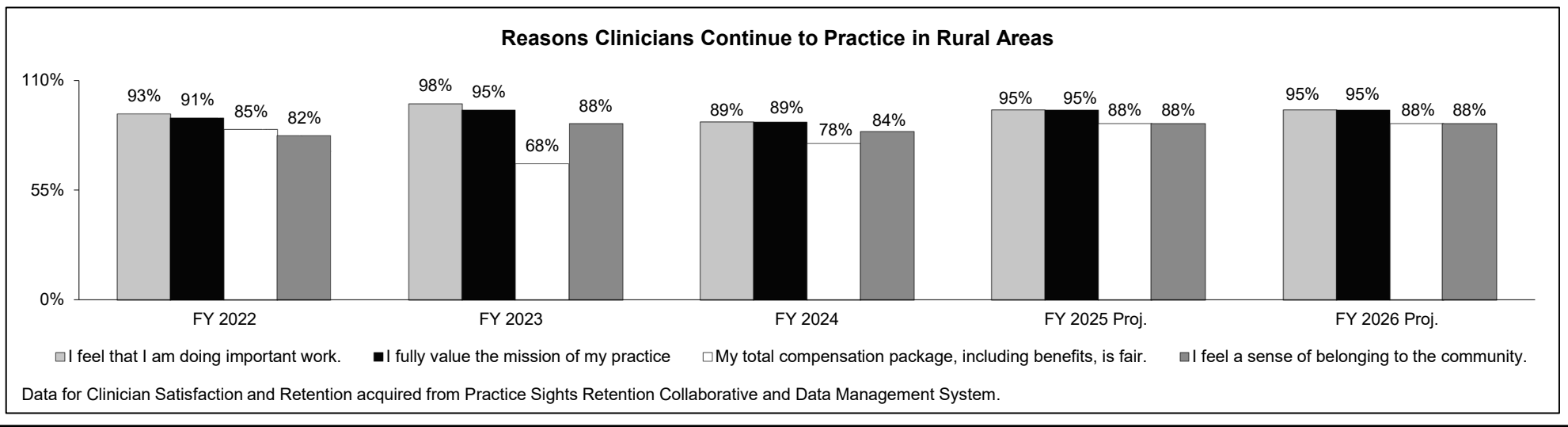
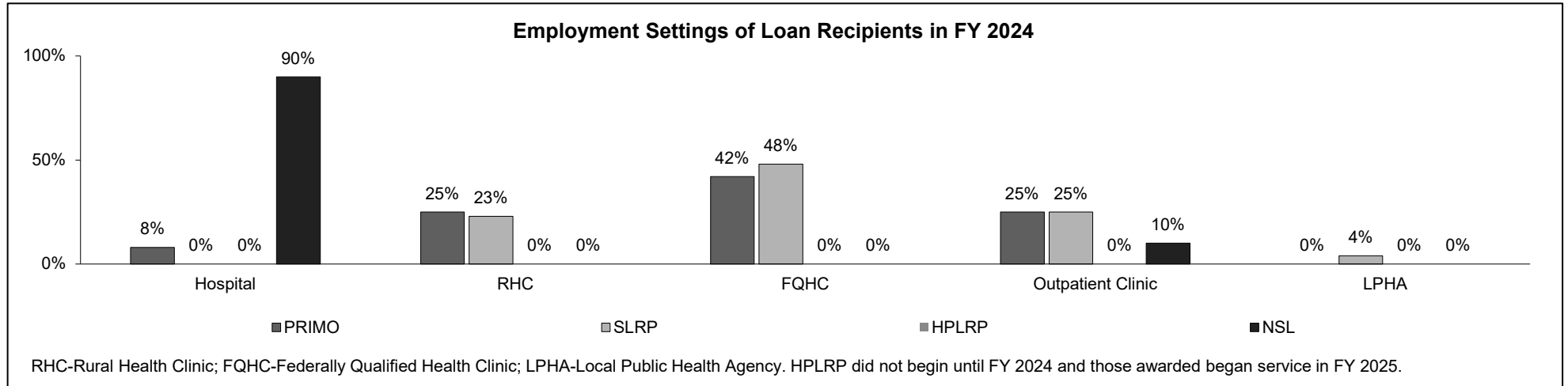
**Health and Senior Services**

**AB Section(s):** 10.755

**Rural Health and Primary Care Initiatives**

**Program is found in the following core budget(s):** Rural Health and Primary Care Initiatives

**2c. Provide a measure(s) of the program's impact. (continued)**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

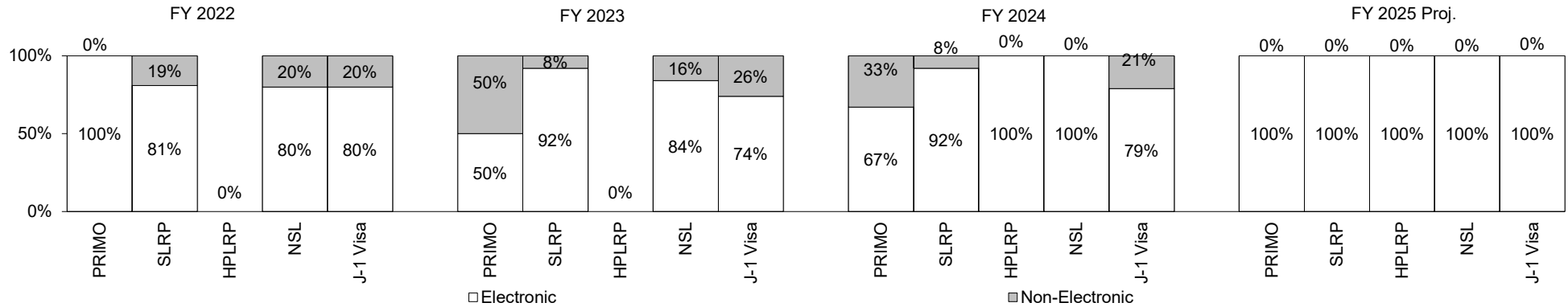
**AB Section(s): 10.755**

**Rural Health and Primary Care Initiatives**

**Program is found in the following core budget(s): Rural Health and Primary Care Initiatives**

**2d. Provide a measure(s) of the program's efficiency.**

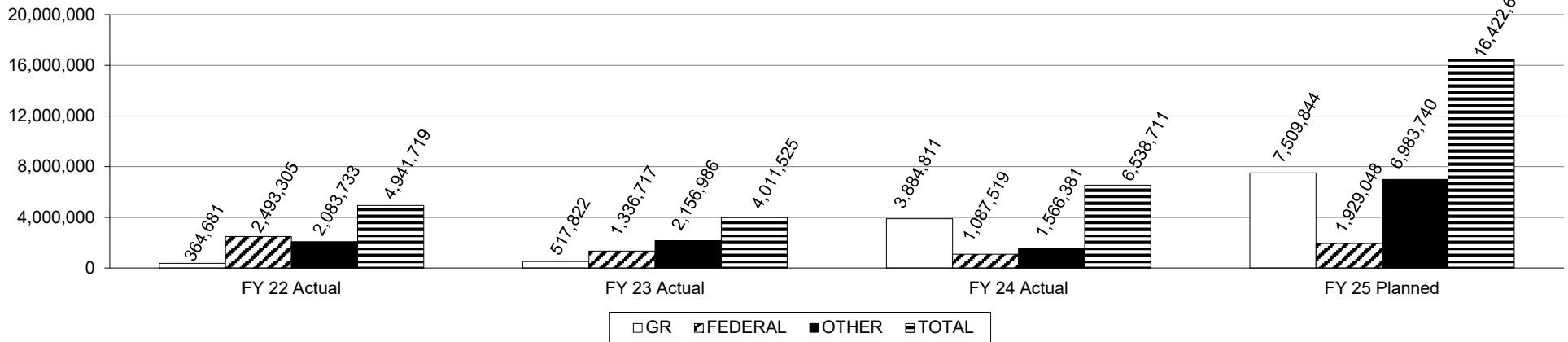
**Loan Repayment Program Application Submission Type**



In FY 2021 ORHPC implemented an electronic application submission option. Electronic submission includes applications received via an electronic system, email, or facsimile. Non-Electronic submission includes mail submissions. The HPLRP was established in FY 2024.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

**Program Expenditure History**





**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.755</u>
<b>Rural Health and Primary Care Initiatives</b>	
<b>Program is found in the following core budget(s): Rural Health and Primary Care Initiatives</b>	
<b>4. What are the sources of the "Other " funds?</b> Health Initiatives (0275), Health Access Incentive (0276), Professional and Practical Nursing Student Loan and Nurse Loan Repayment (0565), and Department of Health and Senior Services - Donated (0658).	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Section 191.411, RSMo (PRIMO); Section 191.500, RSMo (Student Loans); Section 191.600, RSMo (Loan Repayment Program); Section 192.604, RSMo (Office of Rural Health); Section 335.212, RSMo (Nurse Loan Program); Section 335.245, RSMo (Nurse Loan Repayment Program); and Section 333(D), Public Health Service (PHS) Act (Primary Care Office).	
<b>6. Are there federal matching requirements? If yes, please explain.</b> Yes, the State Office of Rural Health requires a three dollar state to one dollar federal match.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> No.	

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.760

**Oral Health Services and Initiatives**

**Program is found in the following core budget(s):** Oral Health Services and Initiatives

**1a. What strategic priority does this program address?**

Public Health System Building; Social Determinants of Health; and Whole Person Health Access.

**1b. What does this program do?**

The Office of Dental Health (ODH) provides education to the general public, dental, and medical providers, public health officials, and decision-makers on a broad range of oral health topics. Topics include strategies to prevent dental problems, the consequences of poor oral health for an individual's overall health, and community water fluoridation. ODH activities include the following:

- Operating the Preventive Services Program (PSP) and the Dental Sealant Program to deliver education and preventive measures to Missouri children;
- Providing training and support for communities which choose to fluoridate their water or start fluoridation in their communities;
- Working with partners to advocate for increased access to dental care to prevent costly trips to the hospital and expensive dental restorations;
- Coordinating with schools to recruit volunteer dentists, hygienists, and dental students to screen children during the PSP events. Children participating in PSP are screened to assess their dental health to see if treatment is necessary, and to evaluate the dental health of Missouri children. Volunteers apply the fluoride varnish as a part of the PSP event;
- Coordinating with the Truman Medical Center for the Elks Mobile Dental Program and the Dental Lifeline Network for the Donated Dental Services program. These programs provide dental care to people who may not have access to dental care who include but are not limited to developmentally or intellectually disabled individuals, veterans and those who are medically fragile;
- Operating the Improving Oral Health Outcomes, which hopes to increase Missouri's number of children with dental sealants, a known deterrent to dental decay, and to increase the number of people being served by optimally fluoridated community water systems, one of the most cost-effective ways to prevent tooth decay;
- Operating the Support Oral Health Workforce Activities, aiming to bring teledentistry services to people with limited access to dental care, and working with the Local Public Health Agencies to provide fluoride varnish to children who may not have access to dental care;
- Coordinating efforts to bring the Community Water Fluoridation (CWF) Program to Missouri communities by promoting this evidence based public health measure and coordinating the repair and replacement of CWF equipment.
- Coordinating the school sealant program by working with dental schools and Local Public Health Agencies to go into their local schools and apply dental sealants to the children who do not have dental sealants.

**PROGRAM DESCRIPTION**

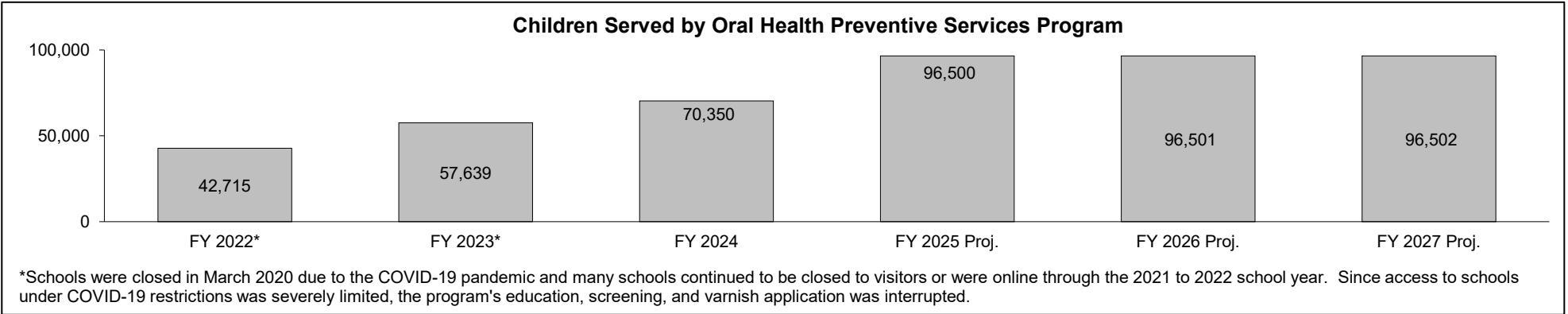
**Health and Senior Services**

**AB Section(s): 10.760**

**Oral Health Services and Initiatives**

**Program is found in the following core budget(s): Oral Health Services and Initiatives**

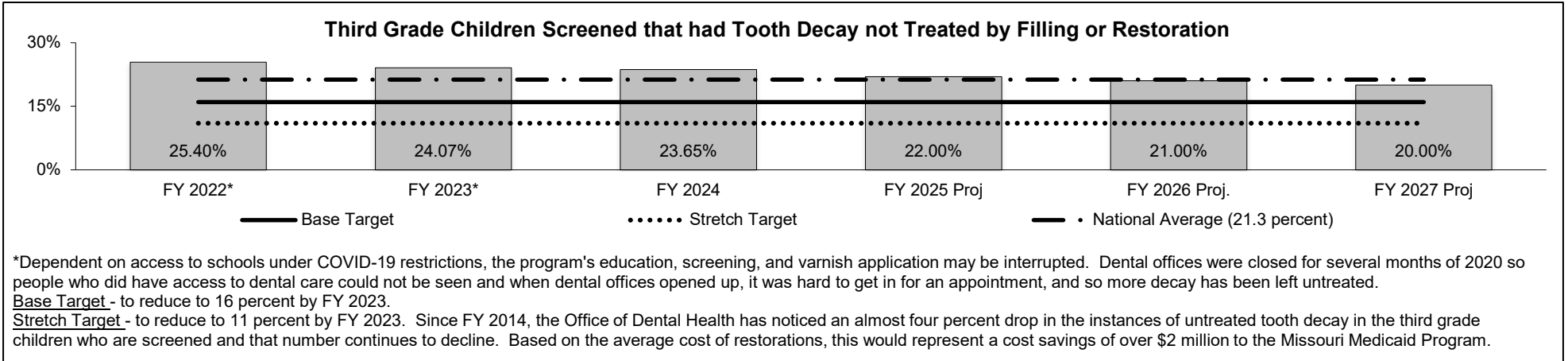
**2a. Provide an activity measure(s) for the program.**



**2b. Provide a measure(s) of the program's quality.**

<b>Preventive Services Program (PSP) Events Survey of PSP Coordinators (FY 2024)</b>		
<b>How satisfied are you with PSP?</b>		
<b>Satisfied</b>	<b>Neutral</b>	<b>Dissatisfied</b>
98.97%	0.90%	0.10%

**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

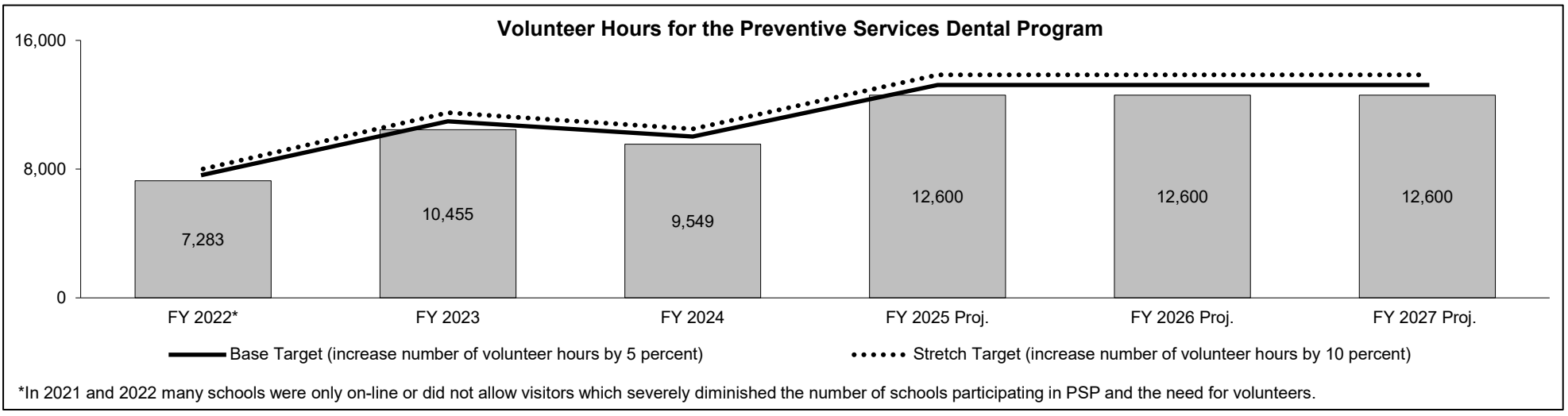
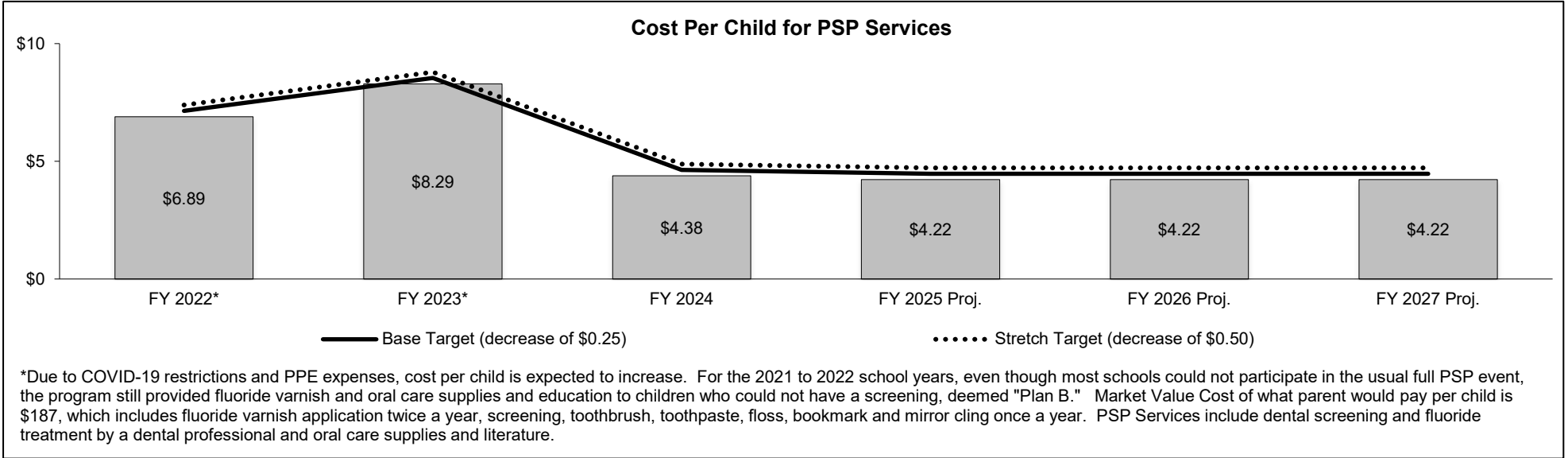
**Health and Senior Services**

**AB Section(s): 10.760**

**Oral Health Services and Initiatives**

**Program is found in the following core budget(s): Oral Health Services and Initiatives**

**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

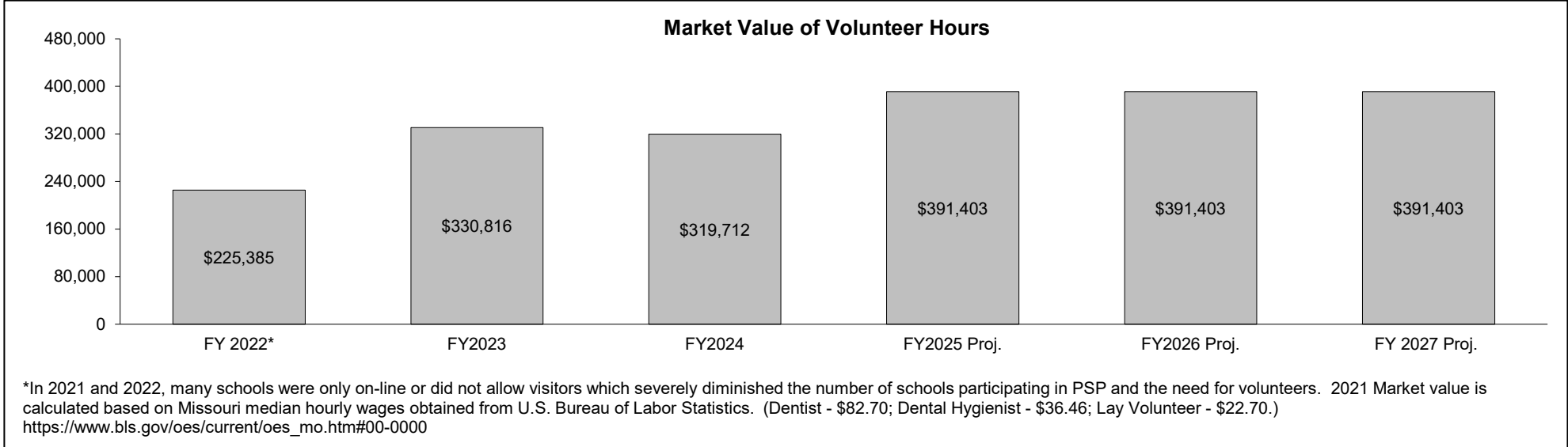
**Health and Senior Services**

**AB Section(s): 10.760**

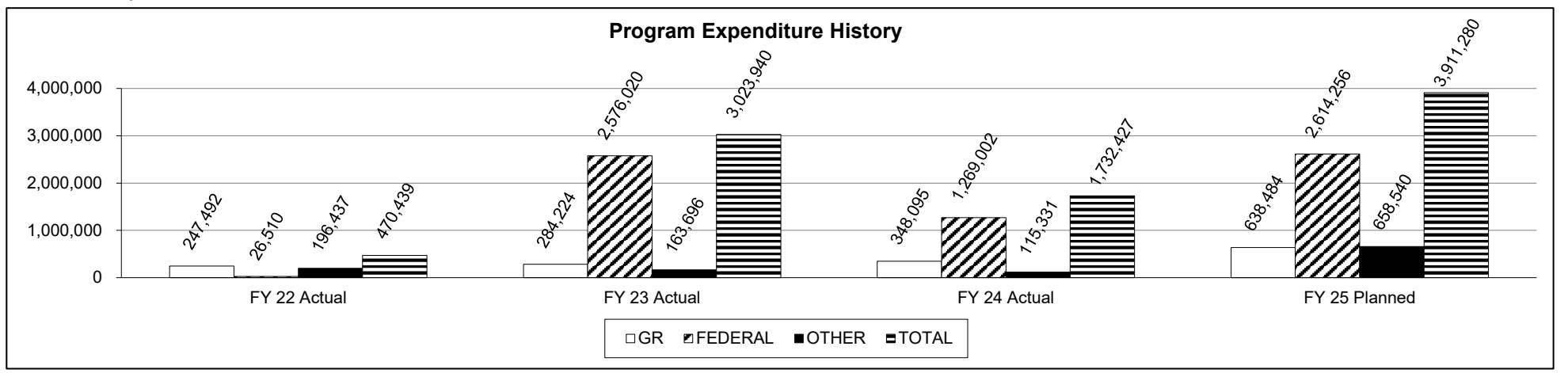
**Oral Health Services and Initiatives**

**Program is found in the following core budget(s): Oral Health Services and Initiatives**

**2d. Provide a measure(s) of the program's efficiency. (continued)**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

**AB Section(s):** 10.760

**Oral Health Services and Initiatives**

**Program is found in the following core budget(s):** Oral Health Services and Initiatives

**4. What are the sources of the "Other " funds?**

Department of Health and Senior Services - Donated (0658), Health Initiatives (0275).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Section 192.050, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, the Title V Maternal and Child Health Services Block grant requires three dollars of state funds for every four dollars of federal funds and the HRSA grant requires a 40 percent match from a non-federal source.

**7. Is this a federally mandated program? If yes, please explain.**

No.

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.765

**Minority Health Initiatives**

**Program is found in the following core budget(s):** Minority Health Initiatives

**1a. What strategic priority does this program address?**

Build and Strengthen Partnerships, Expand Access to Services, Use Clear and Consistent Communication to Build Trust.

**1b. What does this program do?**

The Minority Health Initiatives (MHI) exists to decrease health disparities in minority and "hard to reach" (underserved/vulnerable) communities. Some of the Office activities include the following:

- Conducting public health interventions, providing technical support, and designing culturally appropriate health messages;
- Providing educational outreach to faith-based organizations, geographically, culturally, and economically isolated minority populations;
- Focusing on drug addiction prevention, violence prevention, infant mortality, viral disease reduction (HIV/AIDS), obesity, diabetes, chronic diseases;
- Providing education to and Lunch and Learns with Missouri senior citizens across the State of Missouri;
- Working and collaborating with Lincoln University to create agricultural businesses, and educational opportunities for youth, adults, and senior citizens; and
- Advising, supporting, and providing resources to the Missouri Legislative Black Caucus, Local and Statewide Ecumenical Clergy, Church of God In Christ (COGIC), Metropolitan Clergy Coalition, and Hispanic Leaders Group.

**2a. Provide an activity measure(s) for the program.**

<b>Health Screenings Conducted by Agencies at Events Co-Sponsored by the DHSS Minority Health Initiatives in FY 2024</b>					
Blood Pressure Checks	287	HIV Testing	1	STD Testing	17
BMI Evaluations	50	Colon Cancer Test Kits	15	Mental Health Awareness	65
Cholesterol	70	Dental Hygiene	76	Posture Surveys	32
Diabetes/A1C	38	Mammogram	2		
Eye Exam	50	Immunizations	3		
Glucose	185	Prostate	14		
				<b>GRAND TOTAL</b>	<b>905</b>
Number of screenings conducted are based on community requests.					

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services**

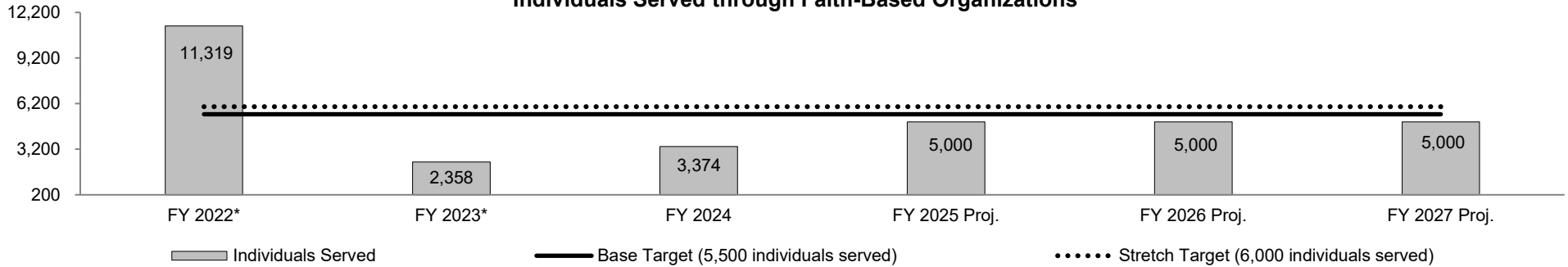
**AB Section(s):** 10.765

**Minority Health Initiatives**

**Program is found in the following core budget(s):** Minority Health Initiatives

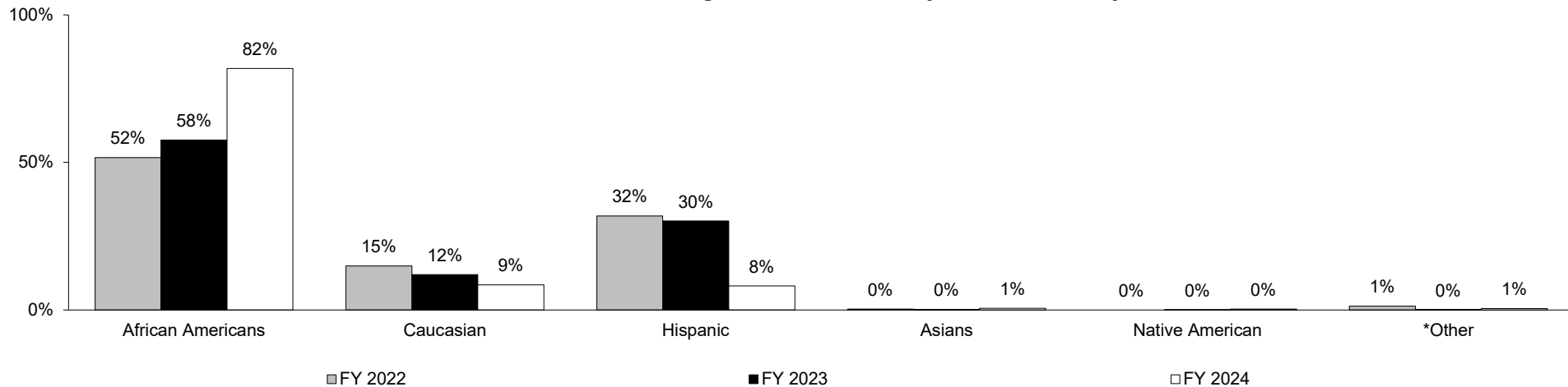
**2a. Provide an activity measure(s) for the program. (continued)**

**Individuals Served through Faith-Based Organizations**



\*Increased community engagement activity with faith-based community in FY 2022 is attributed to 4 faith-based conferences with large attendance: one had 7,000 due to both in-person and virtual access, and 3 had a combined total of 938 individuals served (breakdown of: 500, 266, and 172). Decreased activity in FY 2023 is attributed to a cautious return to in-person events by faith-based organizations.

**Individuals Served Through Outreach Efforts by Race or Ethnicity**



\*Other includes: Bosnian, Korean, Liberian, and indigenous races or ethnicities.



**PROGRAM DESCRIPTION**

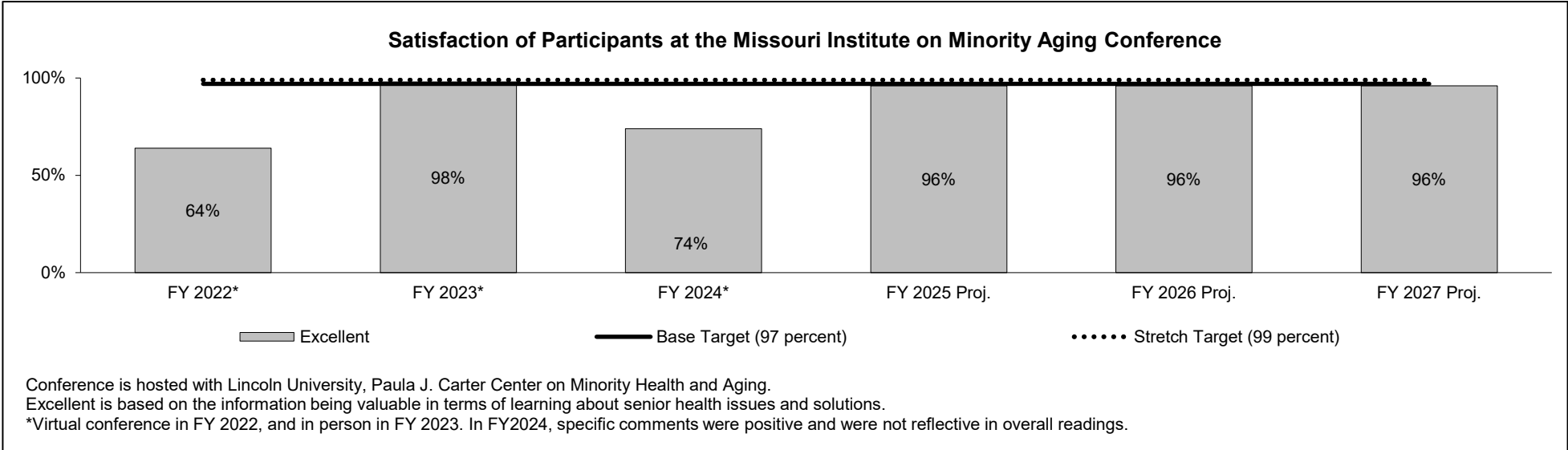
Department of Health and Senior Services

AB Section(s): 10.765

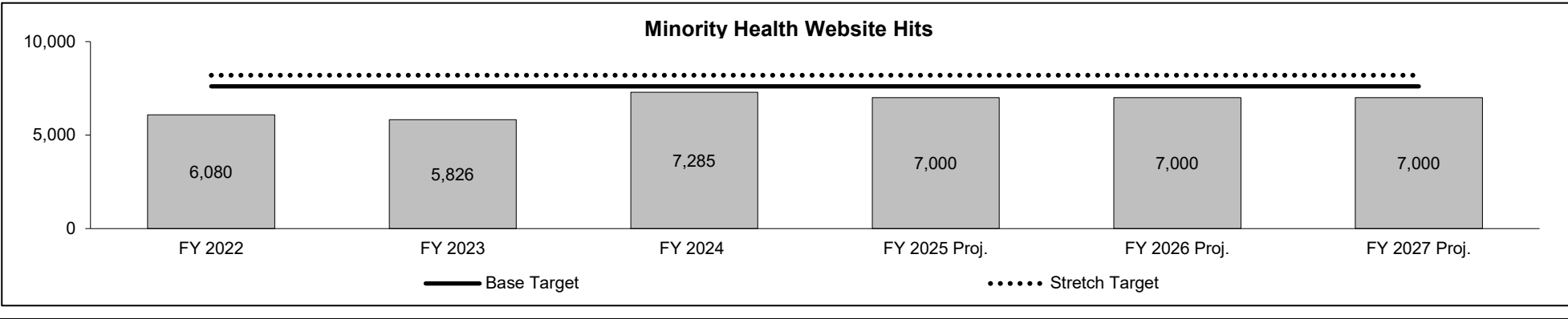
Minority Health Initiatives

Program is found in the following core budget(s): **Minority Health Initiatives**

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

Department of Health and Senior Services AB Section(s): 10.765

Minority Health Initiatives

Program is found in the following core budget(s): Minority Health Initiatives

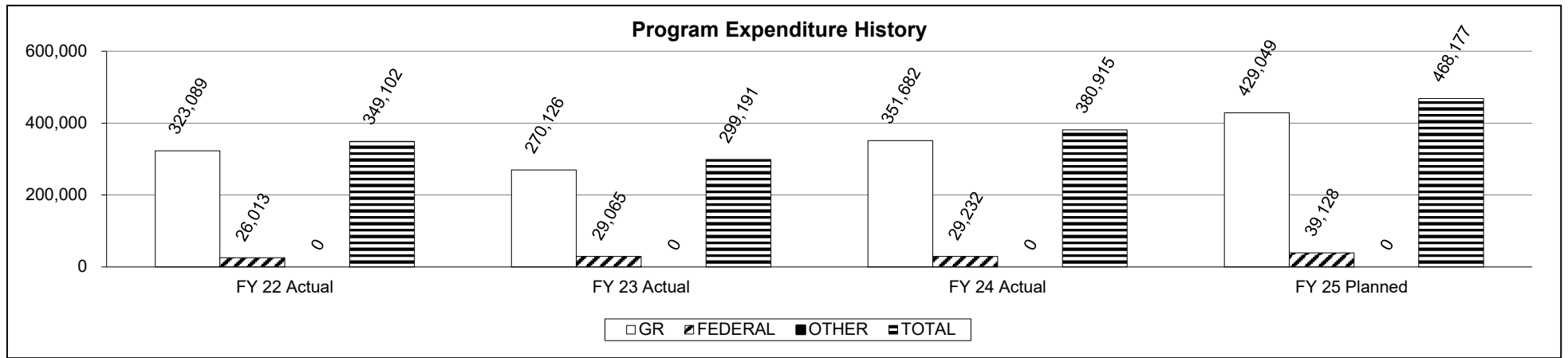
2d. Provide a measure(s) of the program's efficiency.

Individuals Served By Regional Community Engagement						
	FY 2022	FY 2023	FY 2024	FY 2025 Proj.**	FY 2026 Proj.**	FY 2027 Proj.**
Central	839	1,025	3,741	1,200	1,200	1,200
Eastern	41,310	71,375	45,136	30,000	30,000	30,000
Northeast	0	0	147	150	150	150
Southeast	7,971	1063*	422	1,100	1,100	1,100
Southwest	1,153	63*	561	1,200	1,200	1,200
Western	31,099	2,573	45,292	30,000	30,000	30,000

\*The Southwest and Southeast regions of the state held fewer community engagement activities.

\*\*Projections are conservative as community engagement continues to increase from the pandemic.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



**PROGRAM DESCRIPTION**

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.765</u>
<b>Minority Health Initiatives</b>	
<b>Program is found in the following core budget(s):</b> <u>Minority Health Initiatives</u>	
<b>4. What are the sources of the "Other " funds?</b> Not applicable.	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Section 192.083, RSMo.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> Not applicable.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> Not applicable.	

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>HB Section(s):</b> <u>10.770</u>
<b>Women's Health and Wellness</b>	
<b>Program is found in the following core budget(s): Women's Health and Wellness</b>	
<b>1a. What strategic priority does this program address?</b>	
Build and Strengthen Partnerships, Use Clear and Consistent Communication to Build Trust, and Expand Access to Services	
<b>1b. What does this program do?</b>	
Women's Health Initiatives protects and improves the health of women, infants, children, young adults, and families by coordinating programs and activities across the state. These programs and activities include:	
<ul style="list-style-type: none"><li>• Pregnancy Associated Mortality Reviews - Analyzes causes of maternal deaths and develops intervention recommendations to prevent such deaths.</li><li>• Sexual Violence Prevention and Response Program - This program contracts with public universities and non-profit organizations to implement evidence-based sexual violence prevention programs with communities, students, teachers, staff, and parents.</li><li>• Maternal Child Health (MCH) Services Program - Administered by contracting with local public health agencies (LPHAs) to support their leadership role in building and expanding community-based systems to respond to priority health issues, ensure access to quality Maternal and Child Health (MCH) services, reduce health disparities, and promote health for infants, children, adolescents, and women of child-bearing age.</li><li>• Title V MCH Services Block Grant - Through supporting and partnering with programs and initiatives across the Department and programs in the Office of Childhood at Department of Elementary and Secondary Education (DESE) (Home Visiting, Early Childhood Coordinated Systems, Safe Sleep/Safe Cribs, Child Care Health Consultation, and Child Care Inclusion Services) and collaborating with LPHAs and other external public health partners and MCH stakeholders, the Title V MCH Services Block Grant assures a maternal-child public health system with a variety of services, programs, and initiatives that addresses the needs of Missouri's women of childbearing age, mothers, infants, children, adolescents, and families, including children and youth with special health needs (CYSHCN). These services can be broadly grouped into three main categories: direct services, enabling services, and preventive and primary care services for all pregnant women, mothers, and infants up to age one.</li><li>• Maternal Mortality Prevention Plan - This plan supports development of maternal quality control protocols to standardize practices at all birth facilities across the state; a perinatal health access collaborative to allow general practitioners in underserved areas to consult with medical specialists elsewhere in the state; standardized maternal care provider trainings, including screening and treating cardiovascular disorders associated with pregnancy and the treatment of mental health conditions or substance use disorders during and after pregnancy; development and implementation of best practices for postpartum plans of care; and development of a MCH Dashboard.</li></ul>	

**PROGRAM DESCRIPTION**

**Health and Senior Services**

HB Section(s): 10.770

**Women's Health and Wellness**

**Program is found in the following core budget(s): Women's Health and Wellness**

**2a. Provide an activity measure(s) for the program.**

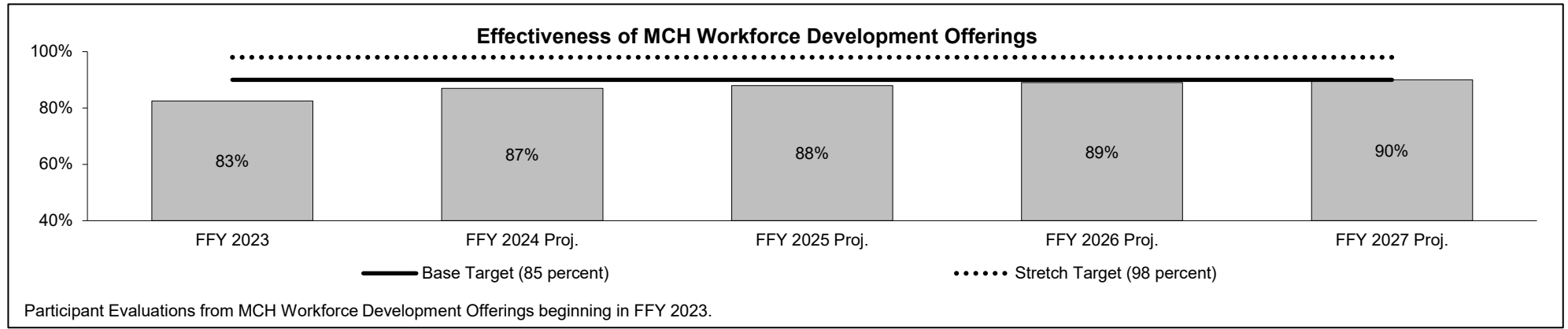
	FFY 2022	FFY 2023	FFY 2024 Proj.	FFY 2025 Proj.	FFY 2026 Proj.	FFY 2027 Proj.
LPHA's Served Through MCH Services	114	111*	111*	111*	111*	111*
Individuals Served by Title V**	69,830***	75,568	80,000	85,000	90,000	95,000
Trainings Provided by Contracted Entities Implementing Violence Prevention Strategies****	292***	264***	441	500	500	500

\*FFY 2022 to FFY 2026 Projections lower due to ongoing impact of COVID-19 pandemic on LPHA subcontract capacity; MCH Services contract transitions from a three-year to five-year work plan October 1, 2021, and three LPHAs chose not to accept the contract for the next five years.  
 \*\*Direct Services, Enabling Services, and Public Health Services and Systems.  
 \*\*\*FFY 2022 to FFY 2026 projections represent anticipated gradual return to pre-pandemic service levels.  
 \*\*\*\*Reporting provided on grant cycle reporting August to July.

	FFY 2024	FFY 2025 Proj.	FF Y2026 Proj.	FFY 2027 Proj.
Number of Tobacco Cessation Sessions	516	500	500	500
Number of Free Prenatal and Postpartum Visits	446	450	450	450

Prenatal Care Program and Tobacco Cessation Services started in January 2023.

**2b. Provide a measure(s) of the program's quality.**



**PROGRAM DESCRIPTION**

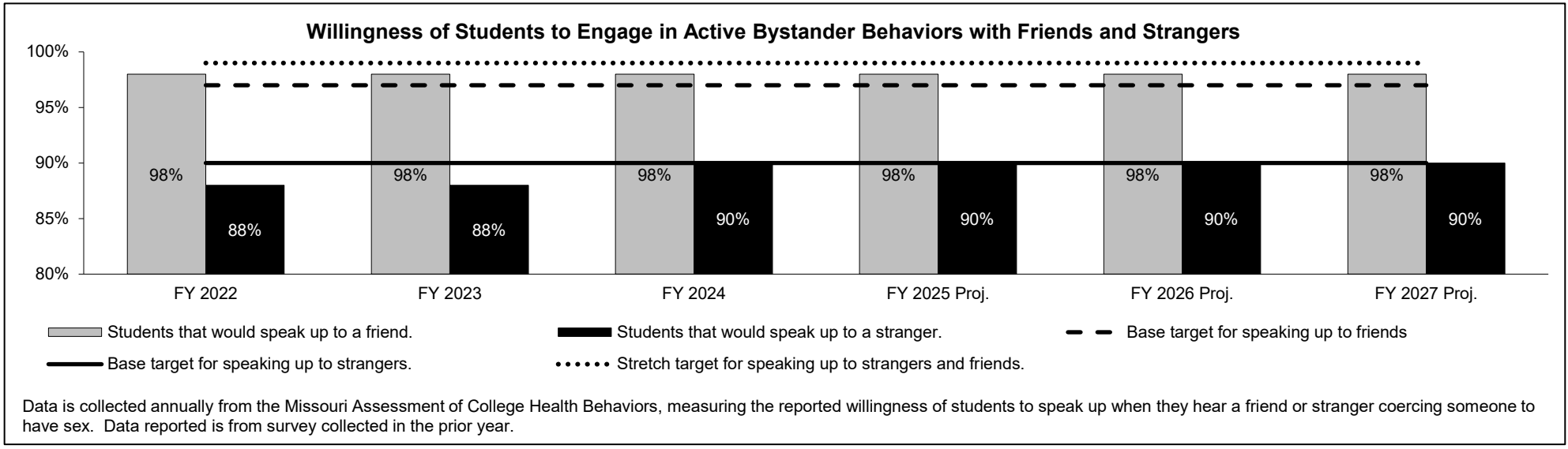
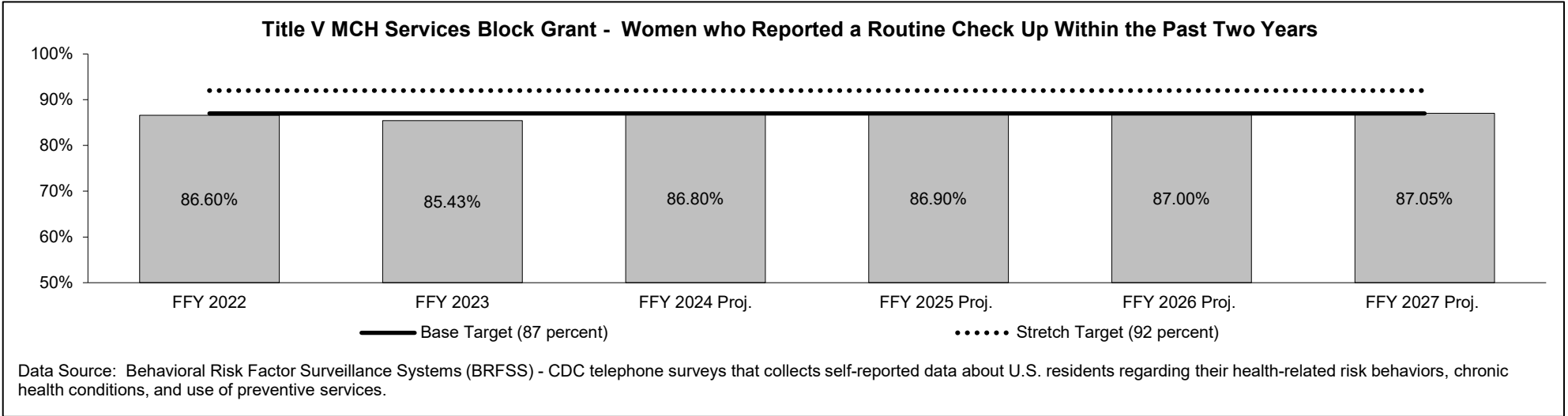
**Health and Senior Services**

HB Section(s): 10.770

**Women's Health and Wellness**

**Program is found in the following core budget(s): Women's Health and Wellness**

**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

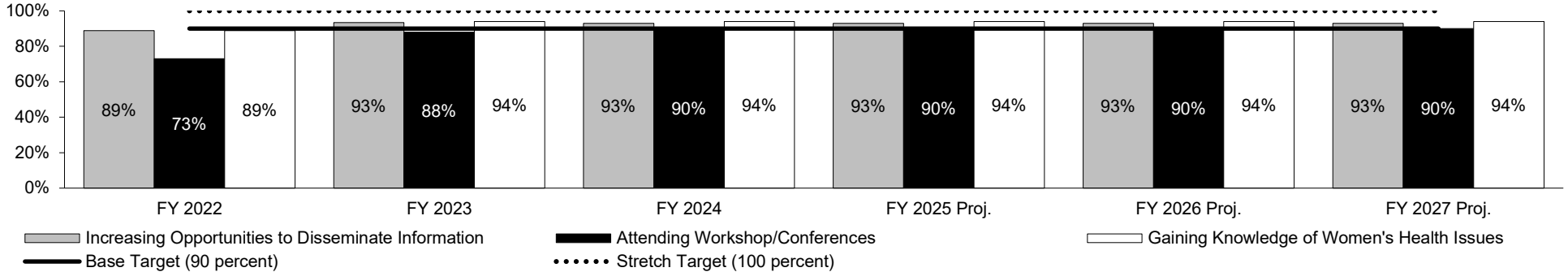
HB Section(s): 10.770

**Women's Health and Wellness**

**Program is found in the following core budget(s): Women's Health and Wellness**

**2c. Provide a measure(s) of the program's impact. (continued)**

**Top Three Reported Benefits from Information Provided by Women's Health Listserv**



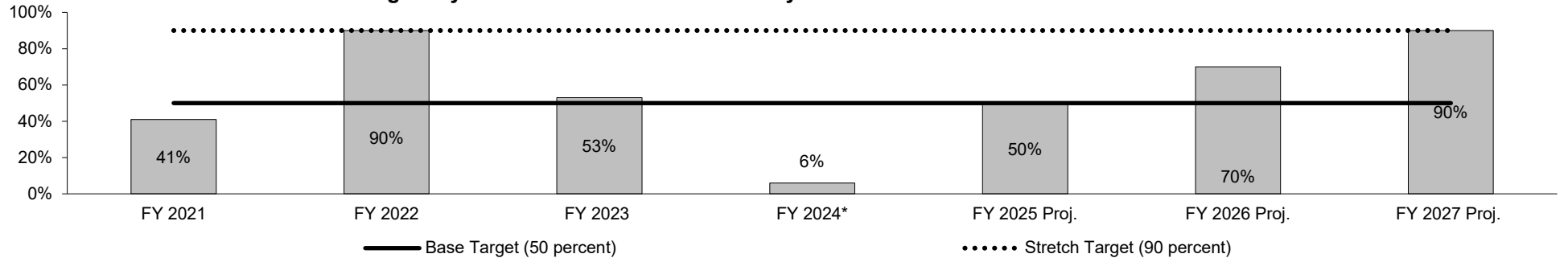
Base Target: Increase the percentage of Listserv members who reported benefits from information provided to 95 percent in all areas.

Stretch Target: Increase the percentage of Listserv members who reported benefits from information provided to 100 percent in all areas.

The Women's Health Listserv provides women's health information, resources, and opportunities to interested individuals such as local public health staff, nurses, physicians, educators, and other health professionals. Data is collected from an annual survey of all Listserv members.

**2d. Provide a measure(s) of the program's efficiency.**

**Pregnancy-Associated Deaths Reviewed by Committee within 24 Months of Death**



The Pregnancy Associated Mortality Review (PAMR) Program reviews and prepares reports for the PAMR committee to review for every pregnancy associated death in the state. The PAMR program saw a huge improvement in 2022 due to process changes (use of provisional death and birth certificates and abstraction/review in order of date of death). Numbers included are from the program report to the CDC in that year.

\*The significant increase in 2020 deaths put the PAMR program and board behind in the targeted timeline. In 2021 there was also an abnormally high number of cases identified in the state of Missouri. In order to meet the program's target of timely review, the following changes occurred: additional review meetings added plus two additional lunchtime review meetings added. Beginning in 2024, the program shifted meeting times to begin at 9am vs 10am.

**PROGRAM DESCRIPTION**

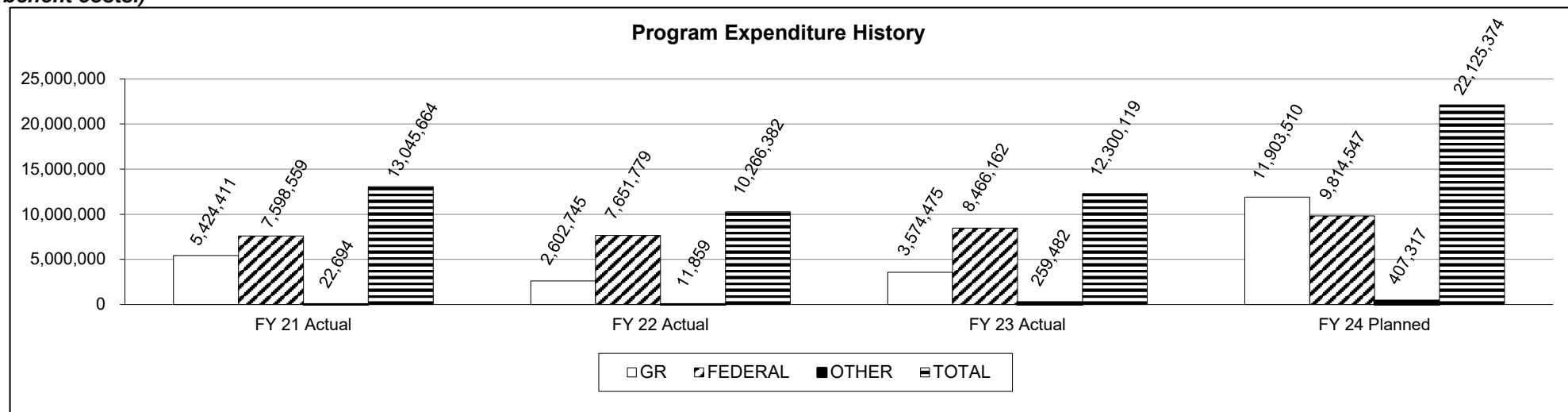
**Health and Senior Services**

HB Section(s): 10.770

**Women's Health and Wellness**

**Program is found in the following core budget(s): Women's Health and Wellness**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Initiatives (0275).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Breast and Cervical Cancer Mortality Prevention Act of 1990, PL.354, 42 USC Section 247b(k)(2).

**6. Are there federal matching requirements? If yes, please explain.**

Yes. The MCH Services Block Grant requires a three dollar non-federal to a four dollar federal match and maintenance of effort.

**7. Is this a federally mandated program? If yes, please explain.**

No.



## PROGRAM DESCRIPTION

Health and Senior Services

AB Section(s): 10.772

Community and Public Health

Program is found in the following core budget(s): **Fetal and Infant Mortality Review; MCH Leadership**

### 1a. What strategic priority does this program address?

Expand Access to Services: Develop and implement an access plan to address unmet needs throughout Missouri;

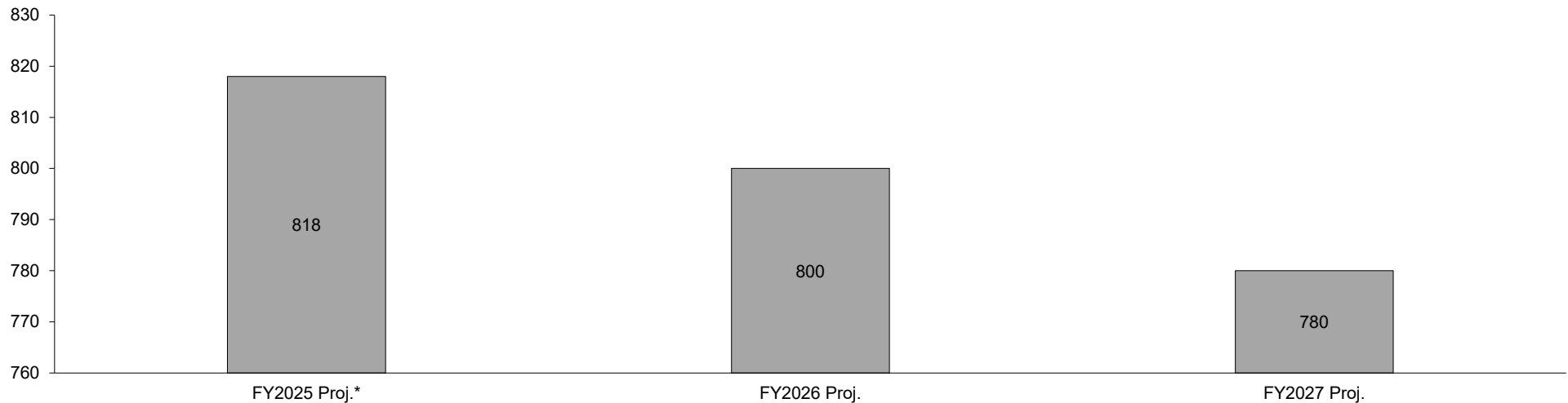
Crosscutting - Include Diversity and Inclusion in All Practices, Programs and Services: Collaborate with health care partners to access data and tailor services to resolve access issues for underserved areas and populations

### 1b. What does this program do?

Fetal Infant Mortality Review (FIMR) is an evidence-based process to identify and analyze factors that contribute to fetal and infant death. The FIMR process includes: case identification, medical records abstraction, home/family interviews, case reviews, and recommendations for action. FIMR is a two-tiered system, with a Community Review Team (CRT) to conduct case reviews and a separate Community Action Team (CAT), charged with taking the recommendations of the CRT and putting them into action. The statewide FIMR) Program is a network of 10 regional FIMR teams. The regional FIMR teams are diverse, multidisciplinary groups of professionals who come together to examine confidential, de-identified individual cases of fetal and infant deaths from 24 weeks gestation through the 12 months after birth. The FIMR Program sets standards for case review procedures, data submission, and data aggregation to ensure data reliability and establishes clear regional team deliverables to guarantee quality.

### 2a. Provide an activity measure(s) for the program.

**Number of Fetal and Infant Deaths Reviewed**



\*Review of fetal and infant deaths will start with 2022 cases.

The goal is to reduce fetal and infant mortality, also reducing the number of deaths to be reviewed annually.

**PROGRAM DESCRIPTION**

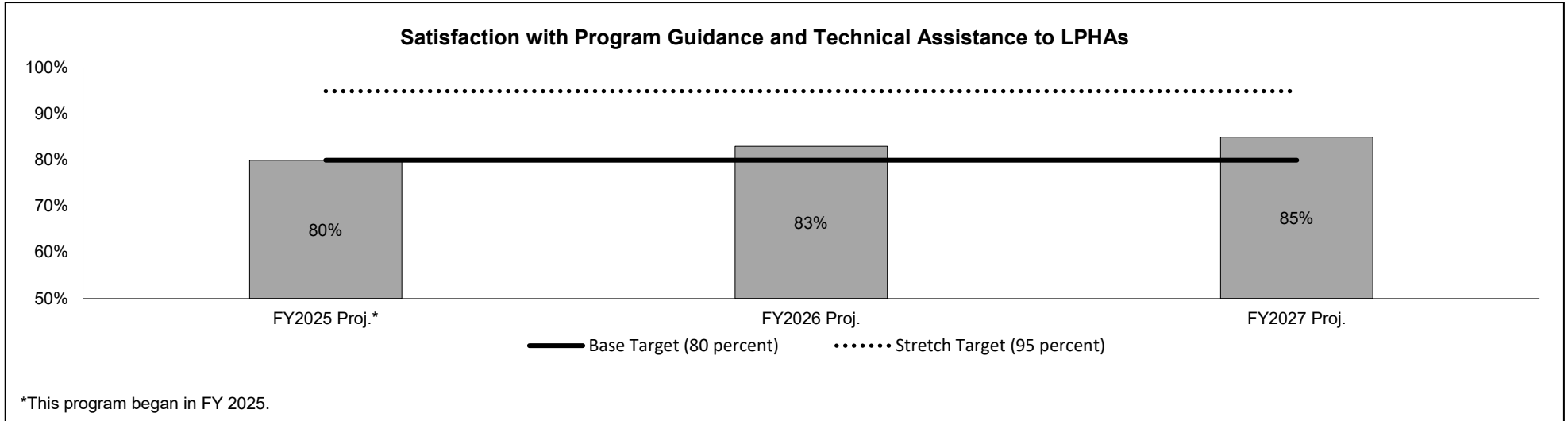
**Health and Senior Services**

AB Section(s): 10.772

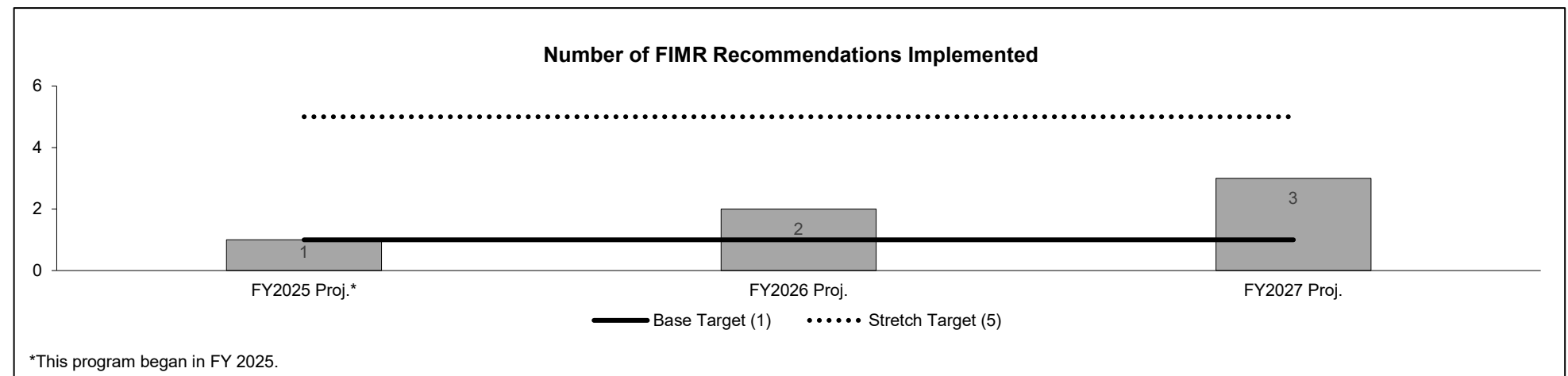
**Community and Public Health**

**Program is found in the following core budget(s): Fetal and Infant Mortality Review; MCH Leadership**

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

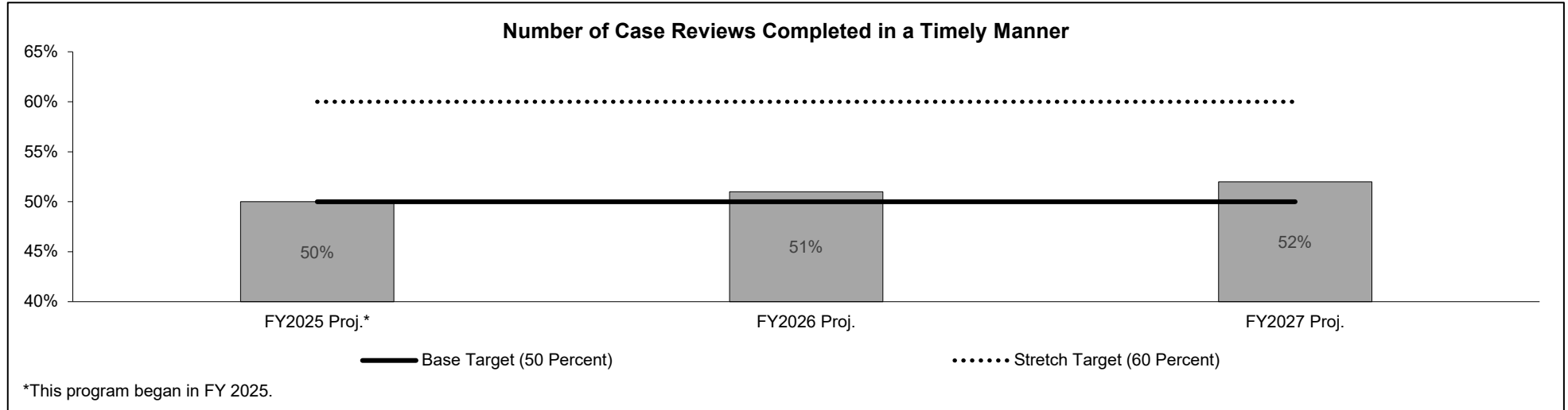
**Health and Senior Services**

AB Section(s): 10.772

**Community and Public Health**

**Program is found in the following core budget(s): Fetal and Infant Mortality Review; MCH Leadership**

**2d. Provide a measure(s) of the program's efficiency.**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

The Department of Health and Senior Services was appropriated funds for FIMR during the 2024 legislative session. The first operating year of funds was state fiscal

**4. What are the sources of the "Other " funds?**

Not applicable

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.775

**Vital Records Registration and Issuance**

**Program is found in the following core budget(s):** Vital Records Registration and Issuance

**1a. What strategic priority does this program address?**

Invest in Innovation to Modernize Infrastructure, Build and Strengthen Partnerships, and Expand Access to Services

**1b. What does this program do?**

The Department is the repository of vital records for the State of Missouri and provides citizens and federal, state, and local agencies the ability to register, amend, and obtain vital records and important data and statistical information critical to identifying and quantifying health related issues and measuring progress toward quality improvement and public health goals. Activities include:

- Maintaining the central registry of births, deaths, reports of fetal deaths, reports of marriages and divorces, and the Putative Father Registry, in which is currently being completely replaced with one, comprehensive system. The new system, once implemented, will have an estimated return on investment (ROI) of more than \$5 million dollars.
- Correcting or amending vital records, as authorized by state law, to include court orders or as a result of adoption or legitimation.
- Issuing certified and non-certified copies of births, deaths, reports of fetal deaths, original pre-adoptive records, and statements relating to marriages and divorces.
- Conducting workshops and trainings, as well as querying of records and providing technical assistance to ensure the complete, accurate, and timely registration of vital records. The Department is a part of the national group of jurisdictions that share vital records information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national natality, mortality, and fetal death statistics inform a variety of medical and health-related research efforts. Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g. drug overdose deaths, influenza, and other infectious diseases).

**Life Events Requiring a Vital Record**

<b>Birth Certificate</b>	<b>Death Certificate</b>	<b>Marriage/Divorce Record</b>	<b>Fetal Death Certificate</b>
Identification	Receive Insurance Benefits	Driver's License Documentation	Tax Purposes
School Registration	Death Investigation	Tax Purposes	Research Purposes
Driver's License Documentation	State Agency Program Removal	Receipt of Insurance Benefits	
Voter ID	Cease Benefits	Proof of Marriage	<b>Paternity Documents</b>
Passport	Research Purposes	Proof of Divorce	Proof of Paternity
Genealogical Purposes	Release from Legal Obligations (leases, titles, etc.)	Proof of Single Status	Research Purposes
Research Purposes		Research Purposes	
Starting New Family/Adoption			

**PROGRAM DESCRIPTION**

**Health and Senior Services**

**AB Section(s):** 10.775

**Vital Records Registration and Issuance**

**Program is found in the following core budget(s):** Vital Records Registration and Issuance

**2a. Provide an activity measure(s) for the program.**

<b>Records Issued and Registered</b>										
<b>Year</b>	<b>Birth</b>		<b>Death</b>		<b>Fetal Death &amp; Still Birth</b>		<b>Marriage</b>		<b>Divorce</b>	
	<b>Issued</b>	<b>Registered</b>	<b>Issued</b>	<b>Registered</b>	<b>Issued</b>	<b>Registered</b>	<b>Issued</b>	<b>Registered</b>	<b>Issued</b>	<b>Registered</b>
CY 2022	57,561	72,953	8,525	76,687	75	480	3,185	26,142	768	16,126
CY 2023	45,085	71,984	7,300	71,925	34	429	2,837	37,681	942	15,822
CY 2024 Proj.	51,323	72,423	7,912	74,306	54	454	3,011	31,911	855	15,974
CY 2025 Proj.	48,204	72,158	7,606	73,115	44	441	2,924	34,796	898	15,898
CY 2026 Proj.	49,763	72,290	7,759	73,710	49	447	2,967	33,353	876	15,936
CY 2027 Proj.	48,983	72,224	7,682	73,412	46	444	2,945	34,074	887	15,917

Records are issued when they are provided to an individual upon request. Records are registered when they are officially filed with the state.

**Amendments to Previously Registered Vital Records**

<b>Year</b>	<b>Adoptions</b>	<b>Legitimations</b>	<b>Birth</b>	<b>Death</b>
CY 2022	3,520	49	21,407	1,965
CY 2023	5,169	65	25,113	1,519
CY 2024 Proj.	4,344	57	23,260	1,742
CY 2025 Proj.	4,756	61	24,186	1,630
CY 2026 Proj.	4,550	59	23,723	1,686
CY 2027 Proj.	4,653	60	23,954	1,658

Served by the state vital records office. This does not reflect local registrar activities.

**Vital Records Clients Served**

<b>Year</b>	<b>Mail</b>	<b>Phone</b>	<b>VitalChek</b>	<b>In Person</b>
CY 2022	58,187	108,320	33,128	2,373
CY 2023	56,221	96,789	24,420	5,717
CY 2024 Proj.	57,204	102,554	28,774	4,045
CY 2025 Proj.	56,712	99,671	26,597	4,881
CY 2026 Proj.	56,958	101,112	27,685	4,463
CY 2027 Proj.	56,835	100,391	27,141	4,672

VitalChek is a third party service offered for ordering expedited certificates online with a credit card.

**PROGRAM DESCRIPTION**

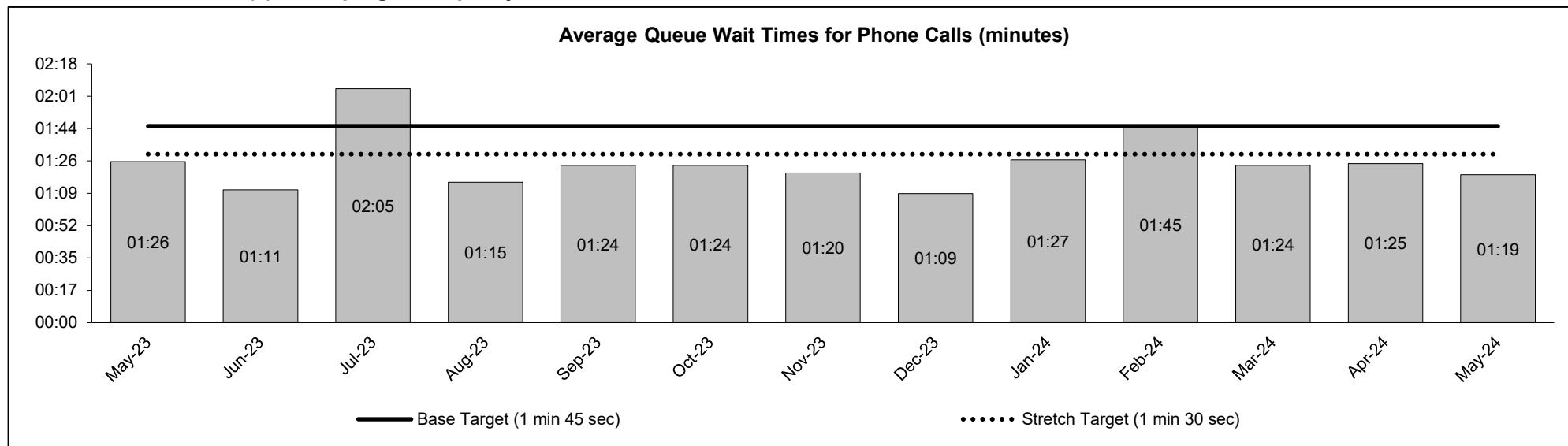
**Health and Senior Services**

**AB Section(s):** 10.775

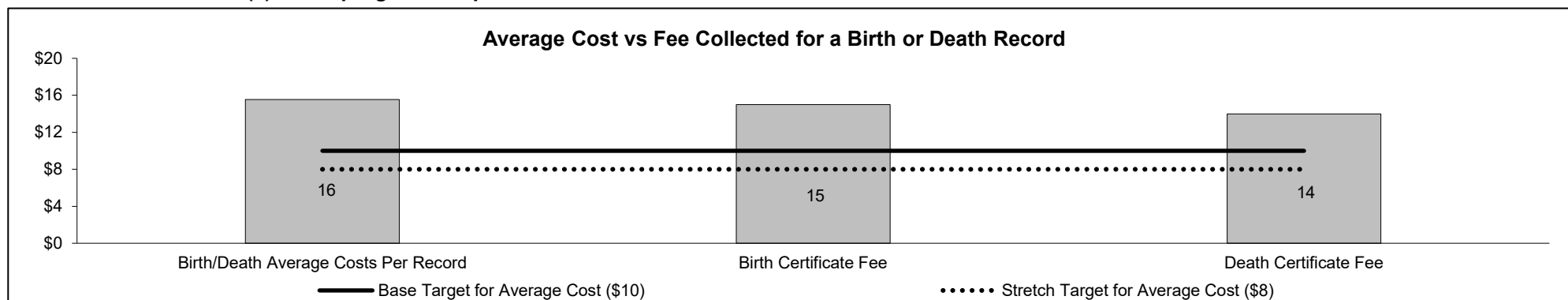
**Vital Records Registration and Issuance**

**Program is found in the following core budget(s):** Vital Records Registration and Issuance

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



Fund breakout for a birth certificate fee is as follows: General Revenue \$4.00, Children's Trust \$5.00, Endowed Care Cemetery \$1.00, and Missouri Public Health Services \$5.00. Fund breakout for a death certificate fee is as follows: General Revenue \$4.00, Children's Trust \$5.00, Endowed Care Cemetery \$1.00, Coroner's Training Fund \$1.00, and Missouri Public Health Services \$3.00.

**PROGRAM DESCRIPTION**

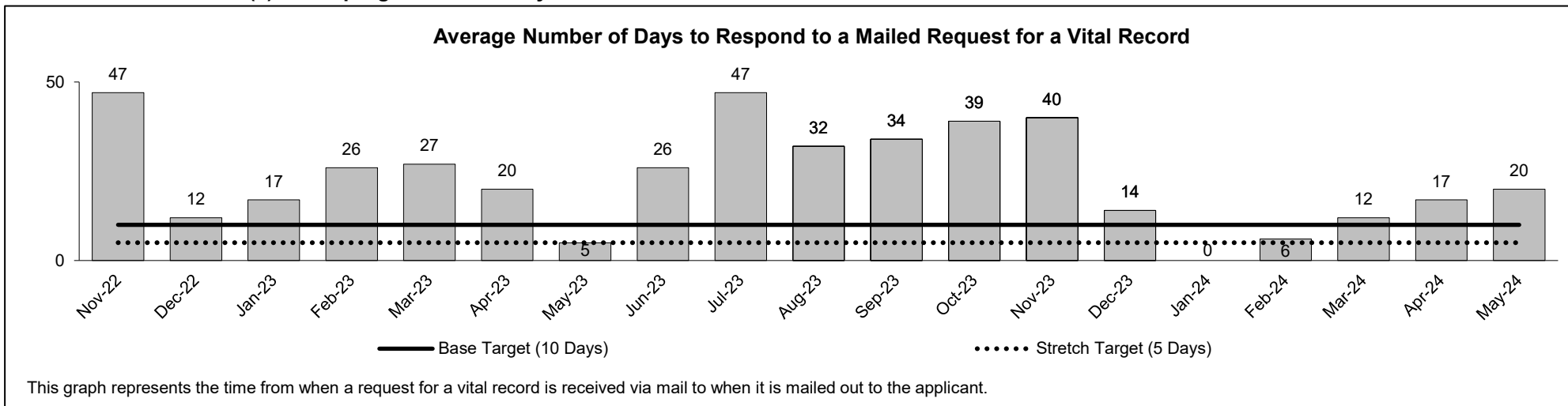
**Health and Senior Services**

**AB Section(s):** 10.775

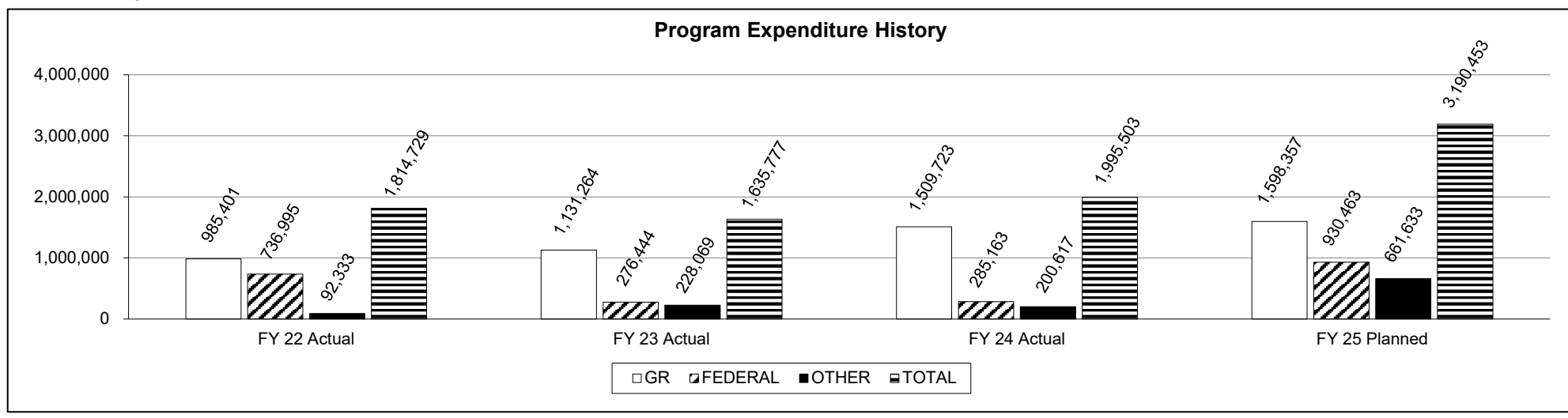
**Vital Records Registration and Issuance**

**Program is found in the following core budget(s):** Vital Records Registration and Issuance

**2d. Provide a measure(s) of the program's efficiency.**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

**AB Section(s):** 10.775

**Vital Records Registration and Issuance**

**Program is found in the following core budget(s):** Vital Records Registration and Issuance

**4. What are the sources of the "Other " funds?**

Health Initiatives (0275); Missouri Public Health Services (0298); and Putative Father Registry (0780), and Missouri Coroners Training Fund (0846).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State: Sections 58.451, 58.455, 58.720, 188.047-055, 192.016, 192.025, 192.060, 192.067, 192.068, 192.323, 193.005-325, 453.100, and 453.170, RSMo. Federal: 42 USC Section 652(a)(7).

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.





**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>		<b>HB Section(s):</b> <u>10.795</u>	
<b>State Public Health Lab</b>			
<b>Program is found in the following core budget(s):</b> State Public Health Lab			
<b>1a. What strategic priority does this program address?</b> Public Health System Building.			
<b>1b. What does this program do?</b> The State Health Lab provides testing services for various diseases, pathogens, viruses, and chemicals within humans and natural resources, such as water, and animals.			
SPHL Operations	Testing Capacities	Newborn Screening	Breath Alcohol
<ul style="list-style-type: none"> <li>• Provides laboratory support in the diagnosis and investigation of disease and hazards that threaten public health.</li> <li>• Maintains fully operational BSL-3 laboratory.</li> <li>• Sample analysis and microbiologic identification.</li> <li>• Assists in disease control and surveillance.</li> <li>• Reference and specialized testing.</li> <li>• Food safety.</li> <li>• Emergency terrorism response.</li> <li>• State Reference Laboratory for Cannabis Testing</li> </ul>	<ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Rabies</li> <li>• Botulism toxin</li> <li>• Anthrax</li> <li>• West Nile Virus</li> <li>• Plague</li> <li>• Mpox</li> <li>• Avian Flu</li> <li>• Pandemic Influenza</li> <li>• MERS-CoV</li> <li>• Ebola</li> <li>• Sexually transmitted Infections</li> <li>• Pathogenic bacteria</li> <li>• Various chemical contaminants</li> <li>• <i>Legionella pneumophila</i></li> <li>• Whole Genome Sequencing (WGS) of bacterial and viral isolates</li> </ul>	<ul style="list-style-type: none"> <li>• Missouri is currently screening for 36 (of 37) recommended core conditions (including hearing and critical congenital heart defects)</li> <li>• 75 disorders and secondary conditions include the following categories:               <ul style="list-style-type: none"> <li>o Primary Congenital Hypothyroidism</li> <li>o Congenital Adrenal Hyperplasia</li> <li>o Hemoglobinopathy</li> <li>o Biotinidase Deficiency</li> <li>o Galactosemia</li> <li>o Fatty Acid Oxidation Disorders</li> <li>o Organic Acid Disorders</li> <li>o Amino Acid Disorders</li> <li>o Cystic Fibrosis</li> <li>o Lysosomal Storage Disorders</li> <li>o Severe Combined-Immunodeficiency</li> <li>o Spinal Muscular Atrophy (SMA)</li> <li>o Adrenoleukodystrophy (X-ALD)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Approves, disapproves, and issues permits to law enforcement agencies in Missouri for chemical analysis of blood, breath, urine, or saliva for alcohol and drugs.</li> <li>• Approves evidential breath analyzers and establishes standards and methods for instrument operations, inspections, quality control, training, and approval of training to assure standards meet state regulations.</li> </ul>
			<p><b>Cannabis Reference Laboratory</b></p> <ul style="list-style-type: none"> <li>• Testing support during a public health response as requested.</li> <li>• Routine surveillance testing in support of DHSS Division of Cannabis Regulation.</li> </ul>

## PROGRAM DESCRIPTION

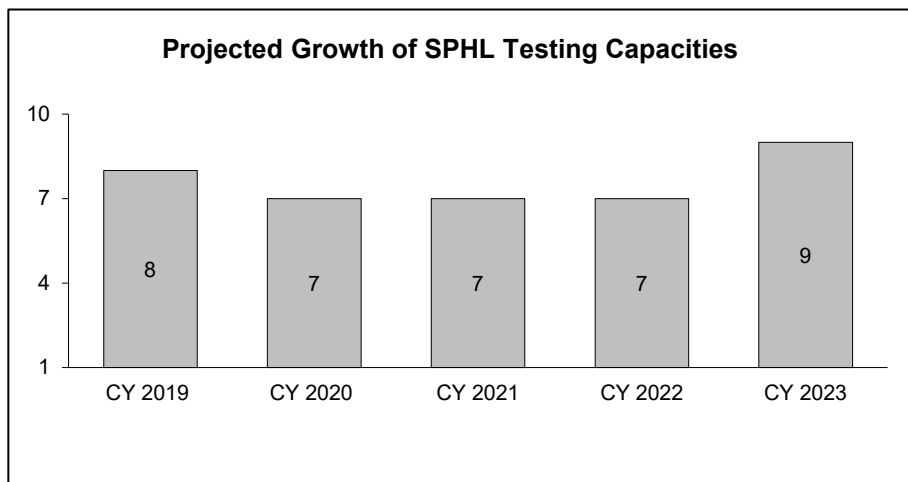
**Health and Senior Services**

**HB Section(s):** 10.795

**State Public Health Lab**

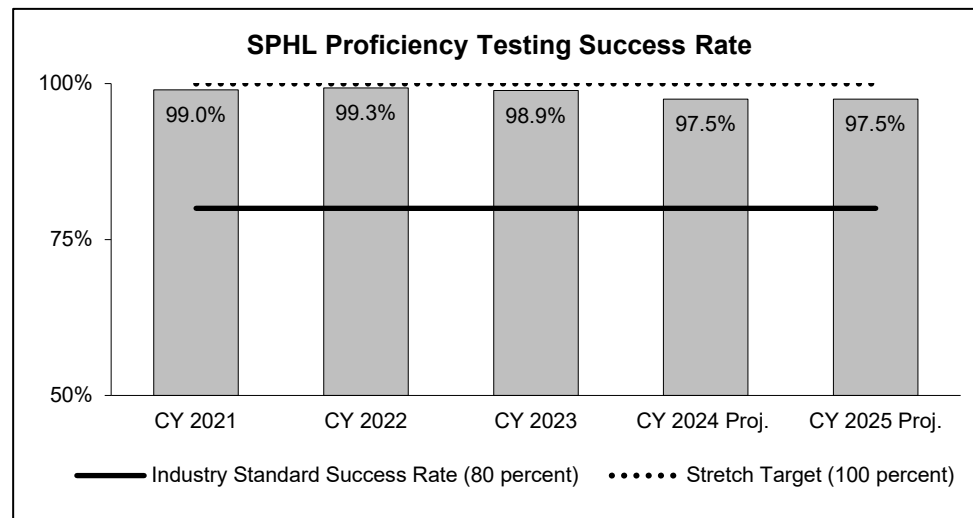
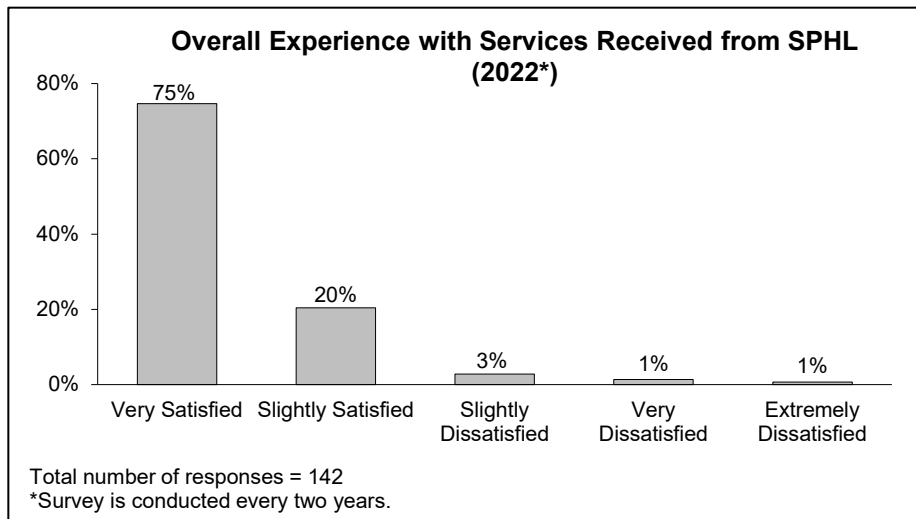
**Program is found in the following core budget(s):** State Public Health Lab

**2a. Provide an activity measure(s) for the program.**



SPHL provides a variety of testing to Missourians and its visitors and are routinely implementing state of the art technology to provide more efficient and accurate testing. Tests implemented include new and emerging diseases such as Mpox, Whole Genome Sequencing, Ebola, Hepatitis C, Hepatitis B and antibiotic resistant bacteria as well as expanding Newborn Screening disorder testing and providing a vast array of chemical and biological terrorism preparedness methods. SPHL is constantly working towards having the most current and advanced technologies to provide expanding services to meet the needs of its customers.

**2b. Provide a measure(s) of the program's quality.**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

**HB Section(s):** 10.795

**State Public Health Lab**

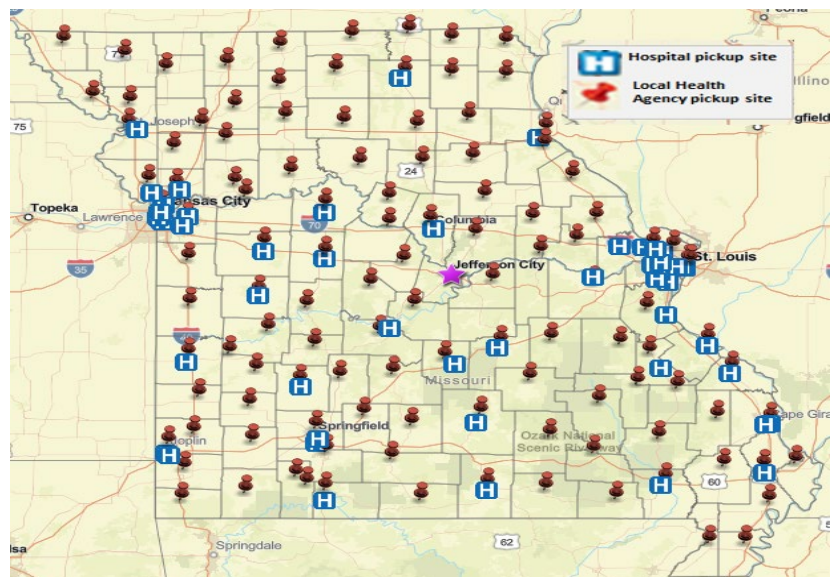
**Program is found in the following core budget(s):** State Public Health Lab

**2c. Provide a measure(s) of the program's impact.**

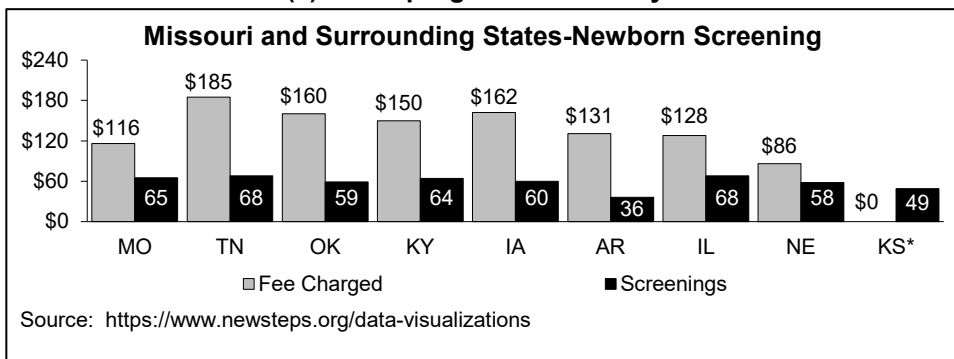
**FY 2023 Laboratory Services Provided to All Missouri Citizens and Visitors**

Analyses performed	>7,000,000
Total Specimens/Samples tested (approx.)	253,273
<b>Services Provided:</b>	
Human Clinical	93,278
Newborn Screening	82,502
Drinking	69,282
Rabies	2,224
Food	1,603
Environmental Lead (Soil/Paint/Wipes)	1,686
Whole Genome Sequencing (WGS) of bacterial isolates	2,454
Clinical WGS	2,383
Enviromental WGS	71
Test kits distributed	307,601
Total breath alcohol permits issued (Types I, II, and III)	2,832
Regional Hospital Laboratory Training Sessions	6
Hospital Laboratories Participating in Training	17
Hospital Laboratory Professionals Trained	31

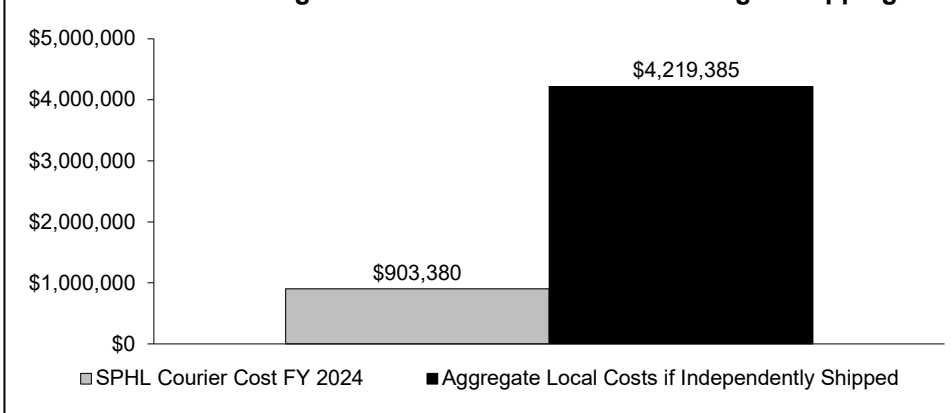
**Map of Public Health Courier Pick Up Sites**



**2d. Provide a measure(s) of the program's efficiency.**



**Statewide Overnight Courier vs. Commercial Overnight Shipping**



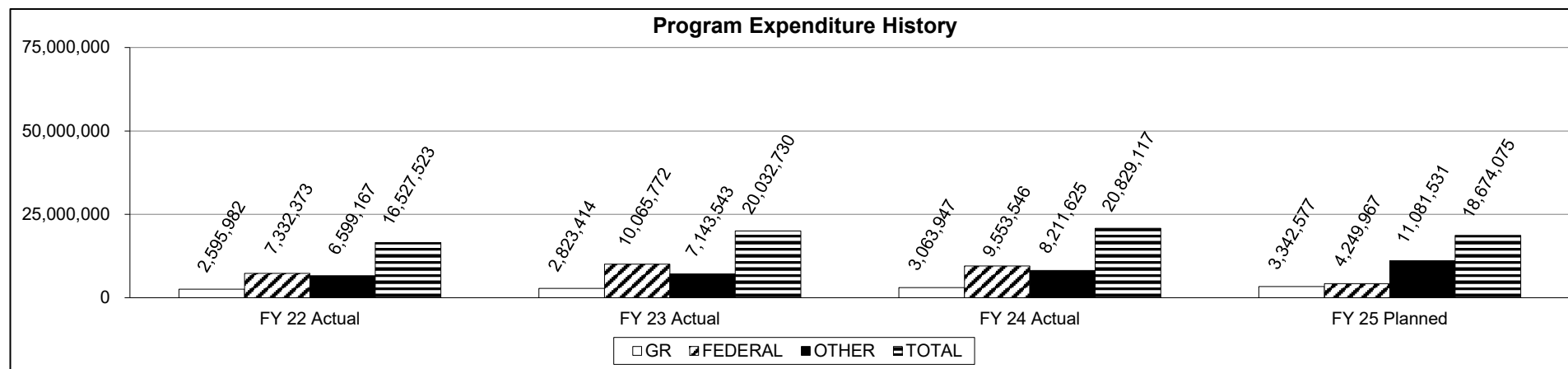
## PROGRAM DESCRIPTION

**Health and Senior Services**

**HB Section(s):** 10.795

**State Public Health Lab**

**Program is found in the following core budget(s):** State Public Health Lab



**4. What are the sources of the "Other " funds?**

Missouri Public Health Services (0298), Safe Drinking Water (0679), Adult Use Cannabis (0608), and Childhood Lead Testing (0899) .

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Chapter 196, RSMo; Sections 191.331-333, 191.653, 192.020, 192.050, 577.020, 577.037, 640.100-140, and 701.322, RSMo; Code of State Regulations 10 CSR 60-1.010, 19 CSR 20-20.080, 19 CSR 25-32.010, 19 CSR 25-34.010; and Clinical Laboratory Improvement Amendment (CLIA) Federal: 42 USC 263a. Article XIV of the Missouri Constitution and associated rules 19 CSR 100-1.010 to 19 CSR 100-1.190.

**6. Are there federal matching requirements? If yes, please explain.**

Missouri Public Health Services Fund (0298) will provide match for newborn screening for the MCH Block Grant of \$4.5 million and the Safe Drinking Water Fund (0679) will provide match for the Public Health Emergency Preparedness Grant of \$100,000 in FY 2024.

**7. Is this a federally mandated program? If yes, please explain.**

No. However, in testing clinical human specimens, SPHL is regulated under the Clinical Laboratory Improvement Amendments (CLIA) - Federal - 42 USC 263a. The CLIA establishes quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results regardless of where the test was performed.



## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

**1a. What strategic priority does this program address?**

Expand Access to Services and Plan for the Increase in the Aging Population.

**1b. What does this program do?**

The Division of Senior and Disability Services (DSDS) plays a crucial role as the state unit on aging and is the primary agency that oversees, monitors, and assures the health and safety of seniors and individuals with disabilities receiving long-term care in their home or community as an alternative to facility-based care. DSDS is comprised of four programmatic components: 1) Section of Adult Protective Services (APS); 2) Section of Home and Community Based Services (HCBS); 3) Bureau of Senior Programs; and 4) Office of Long Term Care Ombudsman.

- 1) The Section of Adult Protective Services (APS) operates the Central Registry Hotline which is available 365 days per year from 7am to 8pm and includes an online reporting option available 24 hours a day. Reports can be made via the toll-free number or online. These reporting tools serve the following functions:
  - Adult Abuse, Neglect, and Financial Exploitation (ANE) Hotline calls that allege abuse, neglect, or financial exploitation of seniors age 60+ and adults with disabilities ages 18-59.
  - Point of entry for regulatory violations of nursing and residential care facilities, home health agencies, hospice agencies, and hospitals.
  - Process reports referred to other entities such as the Department of Mental Health, the Department of Social Services Missouri Medicaid Audit and Compliance Unit, and the Veterans Administration for intervention or review.

APS staff investigate hotline calls and coordinate short-term intervention services for individuals to remain in the least restrictive environment and prevent future incidents. This work can include the assistance of department attorneys when seeking guardians or conservators for reported adults. In addition, staff may conduct criminal investigations alongside local law enforcement and prosecuting attorneys when reports involve a possible criminal component.

- 2) The Section of Home and Community Based Services (HCBS) provides individual assessment and care plan development for services to be provided in a Medicaid recipient's home or community rather than an institutional setting. It allows individuals to maintain independence as long as safely possible. Services include assistance with activities of daily living such as dressing, grooming, meal preparation, bathing, toileting, etc. Targeted population groups include the elderly, people with intellectual or developmental disabilities, physical disabilities, traumatic brain injuries, and children with complex medical needs. This program serves approximately 68,000 Medicaid HCBS participants per month across nearly 2,000 enrolled Medicaid provider agencies.
- 3) The Bureau of Senior Programs (BSP) distributes federal Older Americans Act funds, monitors, and provides technical assistance to the ten Area Agencies on Aging (AAA). These funds are distributed using a federally approved intrastate funding formula for services such as congregate meals; home-delivered meals; and supportive services such as in-home services, care coordination, benefits enrollment, senior transportation, home modifications, caregiver support, and evidence-based wellness programs. The AAAs and DSDS maintain a close working relationship throughout the state to foster the information-sharing necessary to sustain a coordinated network of aging services to help prevent unnecessary or premature placement in a long term care facility. BSP also administers various state-funded senior service programs.  
BSP is also the lead for the development of the Missouri Master Plan on Aging (MPA). The development of this plan relies heavily on input from Missouri Citizens, especially older adults, adults with disabilities, and caregivers. There are currently over 350 individuals involved in the development of the MPA between the Advisory Council and the seven subcommittees. In the Spring of 2024, DHSS conducted 10 in-person town halls, one in each of the AAA regions, and two virtual town halls. In total over 1,750 Missourians attended the town halls and provided over 15,000 comments ensuring all can age with dignity.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

**AB Section(s): 10.800**

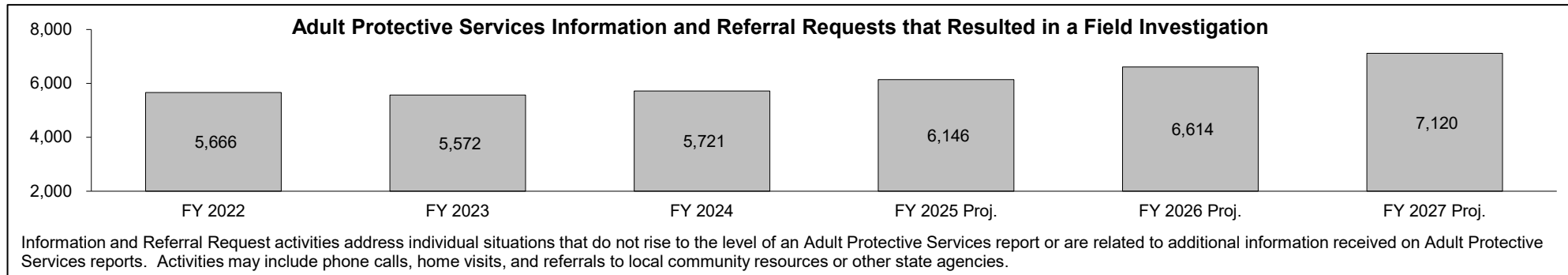
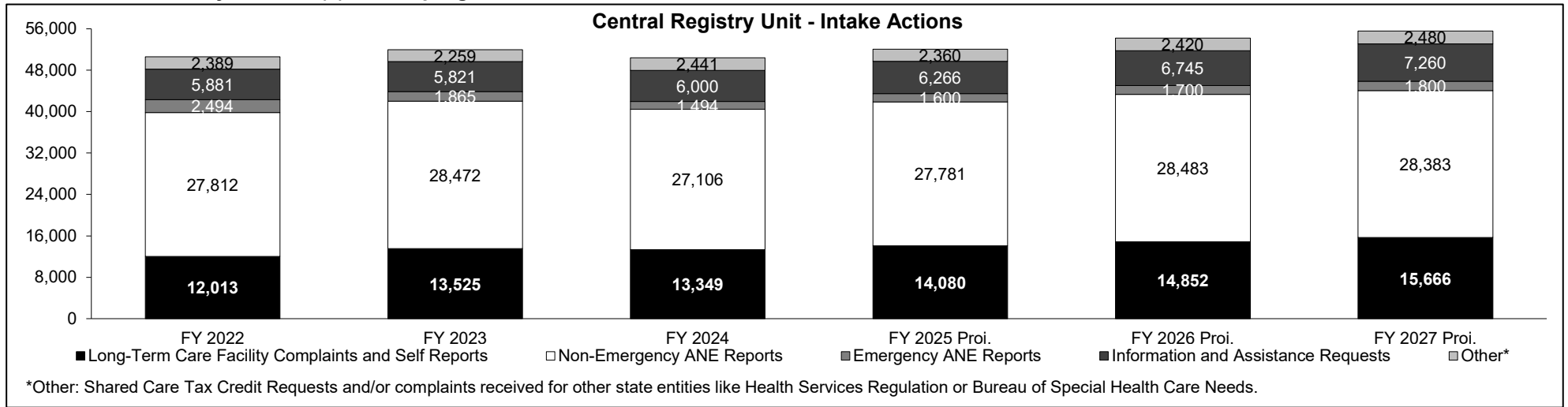
**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations**

**1b. What does this program do? (continued)**

4) The Office of Long Term Care Ombudsman Program (LTCOP) advocates for the rights of over 55,000 residents residing in approximately 1,136 licensed long-term care facilities across the state and seven Missouri State Veterans Homes. The State Ombudsman oversees a network of 19.18 regional ombudsman coordinators through the AAAs who recruit and train volunteers to resolve complaints, such as resident rights and quality of care. Ombudsman advocate by conducting visits to the facilities on a regular basis, investigating resident complaints, and providing information and assistance.

**2a. Provide an activity measure(s) for the program.**





**PROGRAM DESCRIPTION**

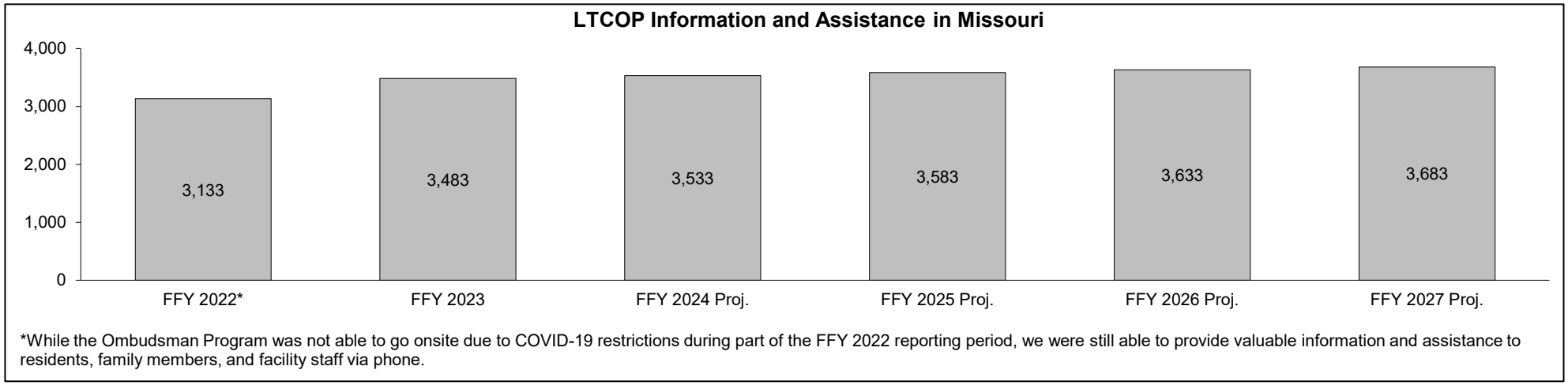
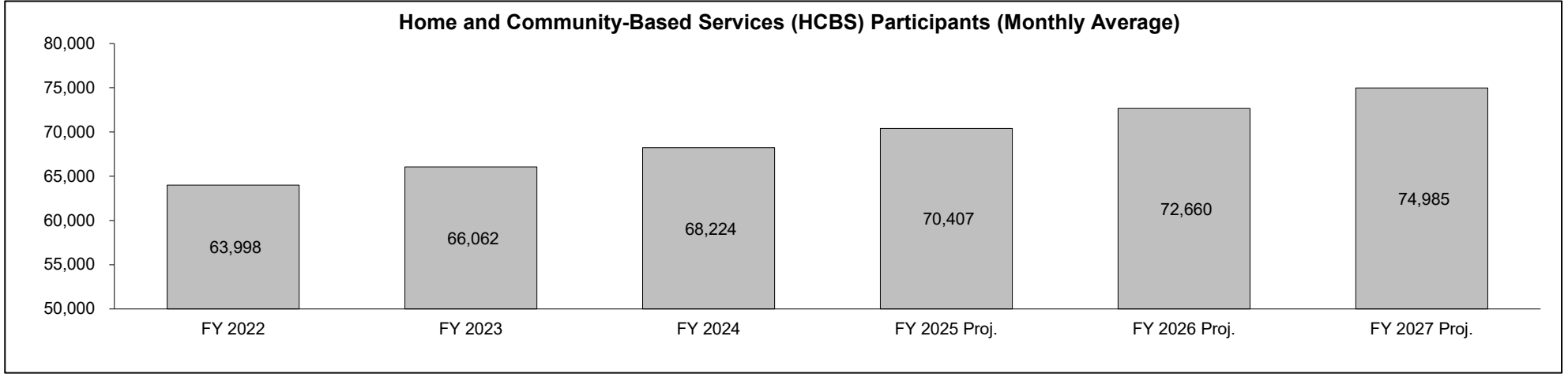
**Health and Senior Services**

**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

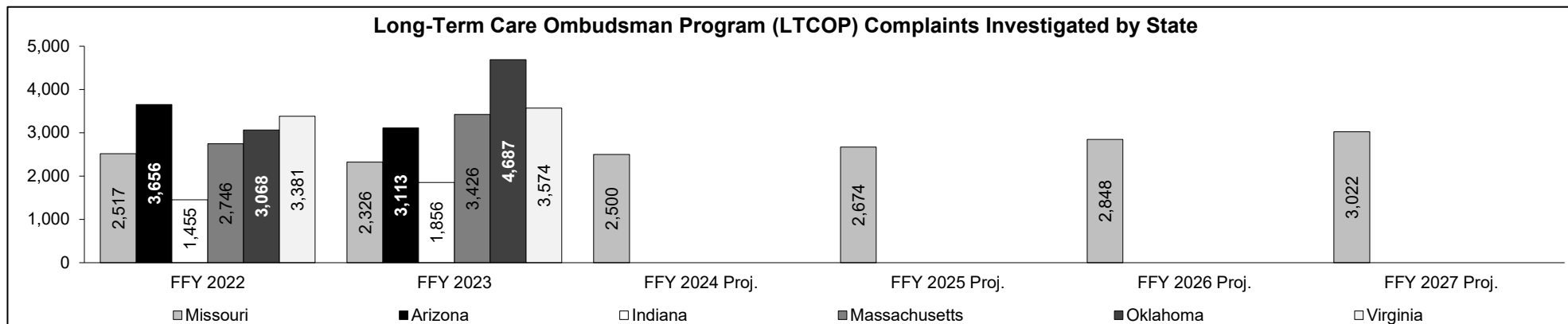
**2a. Provide an activity measure(s) for the program (continued).**



**PROGRAM DESCRIPTION**

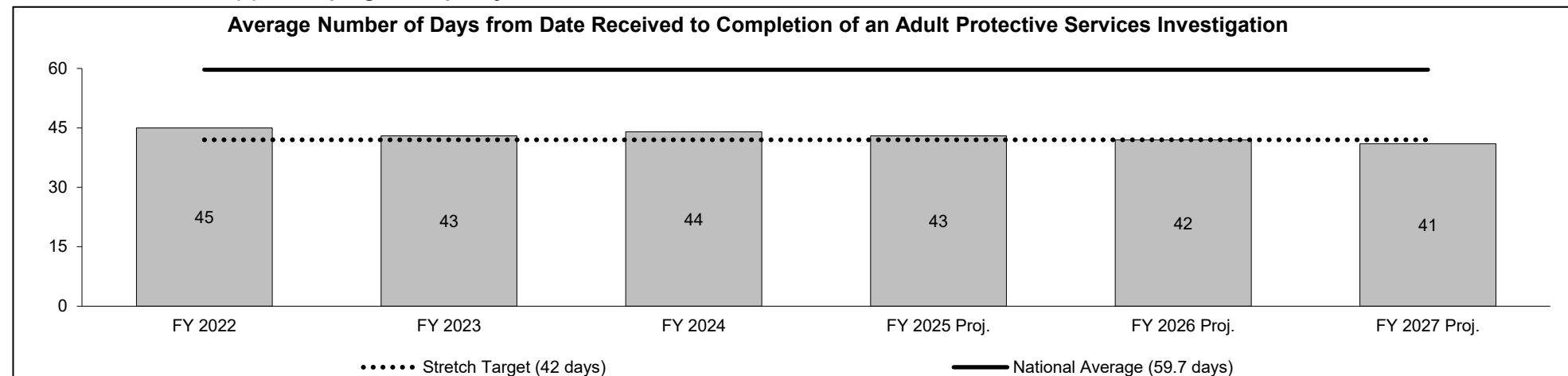
**Health and Senior Services** **AB Section(s):** 10.800  
**Senior and Disability Services Administration and Field Operations**  
**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

**2a. Provide an activity measure(s) for the program (continued).**



The number of complaints fluctuates annually depending on how comfortable residents are with voicing complaints. Ombudsmen continue to build relationships with residents, and the complexity of complaints has increased resulting in longer investigation times. These states were selected as they are decentralized like Missouri and similar in population. Decentralized is defined as the State Long Term Care Ombudsman (SLTCO) being an employee of the state, but regional ombudsmen are employed by the AAAs and provided programmatic oversight by the SLTCO.

**2b. Provide a measure(s) of the program's quality.**



The national average for investigation completion is 59.7 days; data provided by the National Adult Maltreatment Reporting System (NAMRS) FFY 2023. Common actions taken during an investigation include: interviews, information gathering, providing appropriate interventions, and making referrals to appropriate agencies.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

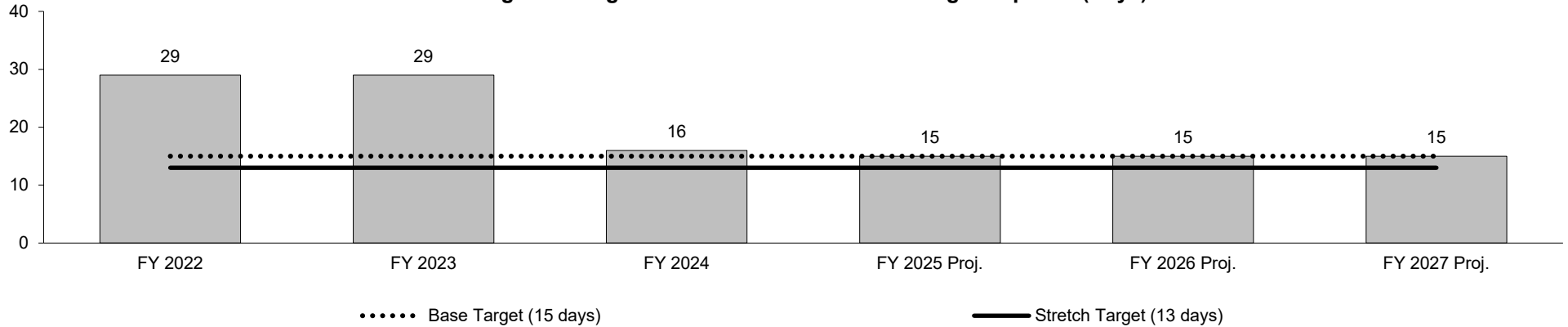
**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

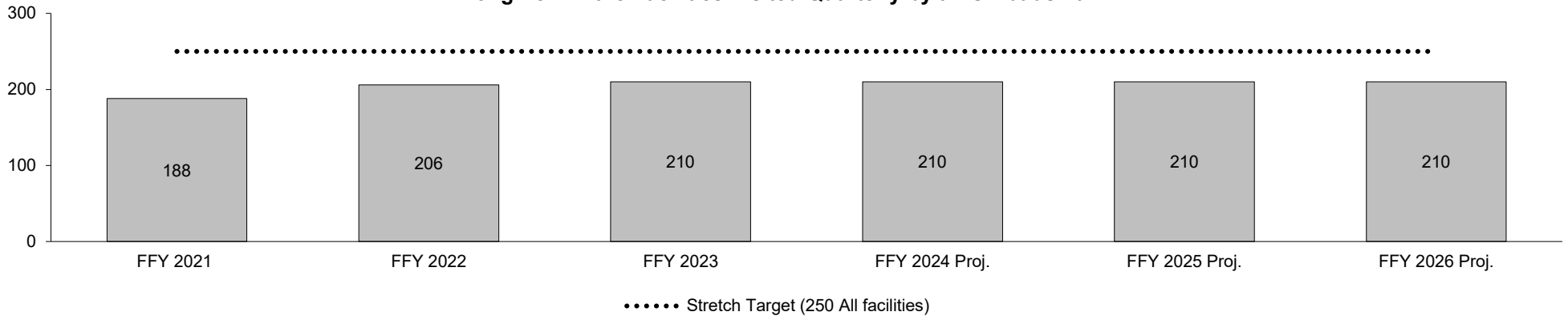
**2b. Provide a measure(s) of the program's quality. (continued)**

**Average Pending Time for HCBS Care Plan Change Requests (Days)**



Additional staff were allocated to assist with processing requests beginning in FY 2023. Therefore, the projected average pending time has been adjusted to reflect the anticipated benefit of additional team members as they continue their onboarding and training.

**Long-Term Care Facilities Visited Quarterly by an Ombudsman**



Ombudsmen are encouraged to visit facilities on a quarterly basis. The minimum is twice a year per facility according to the Missouri Long-Term Care Ombudsman Policy and Procedure Manual. As the volunteer network increases and additional staff can be funded, visits will be completed more routinely.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

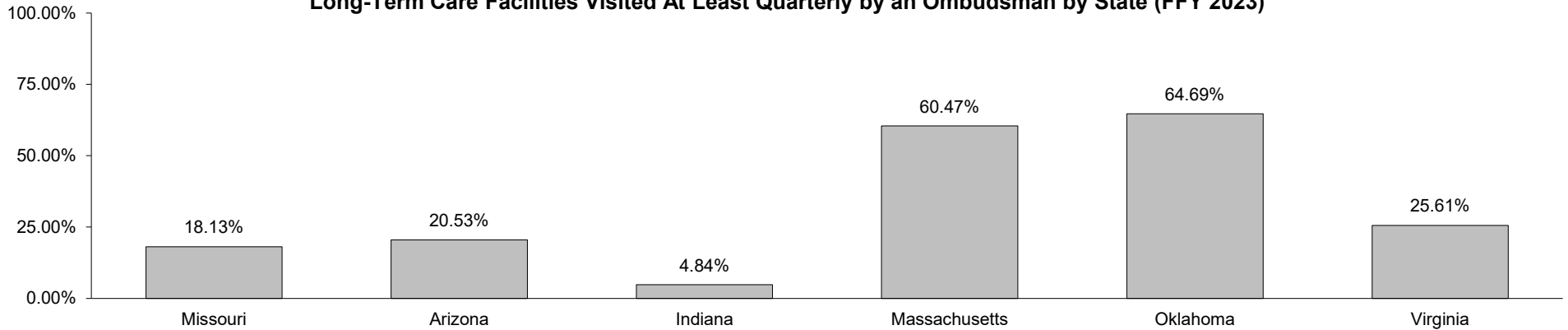
**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

**2b. Provide a measure(s) of the program's quality. (continued)**

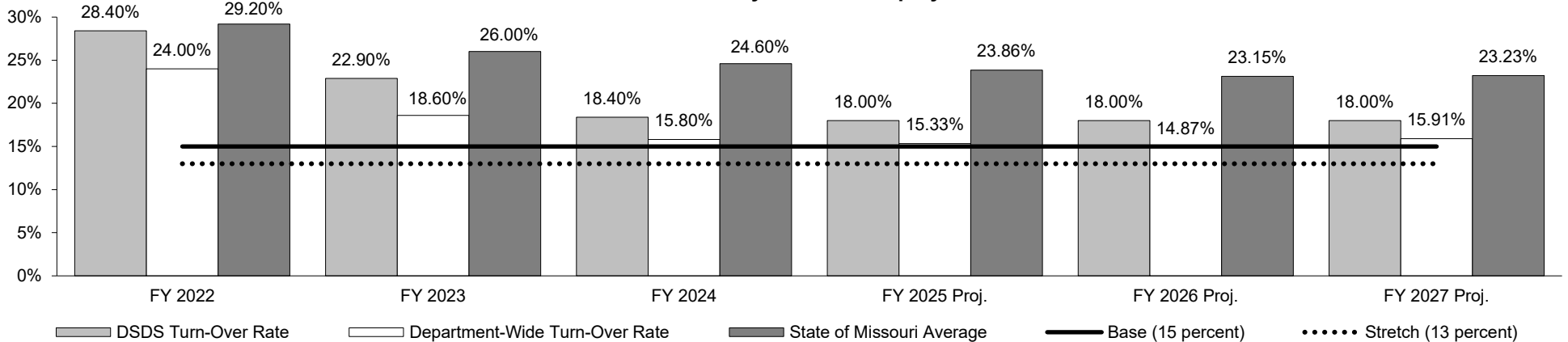
**Long-Term Care Facilities Visited At Least Quarterly by an Ombudsman by State (FFY 2023)**



FFY 2023 is the most current data available from the Administration for Community Living (ACL). These states were selected as they are decentralized like Missouri and similar in population.

**2c. Provide a measure(s) of the program's impact.**

**Division of Senior and Disability Services Employee Turnover Rate**



All data is from the Talent Management Dashboard and reflects the Total Turnover at June of each respective year. SAM II Statewide Advantage for Missouri, Turnover for Executive Branch Departments. <https://results-int.mo.gov/t/EXECUTIVE/views/TalentManagementDashboard/TurnoverbyType>

**PROGRAM DESCRIPTION**

**Health and Senior Services**

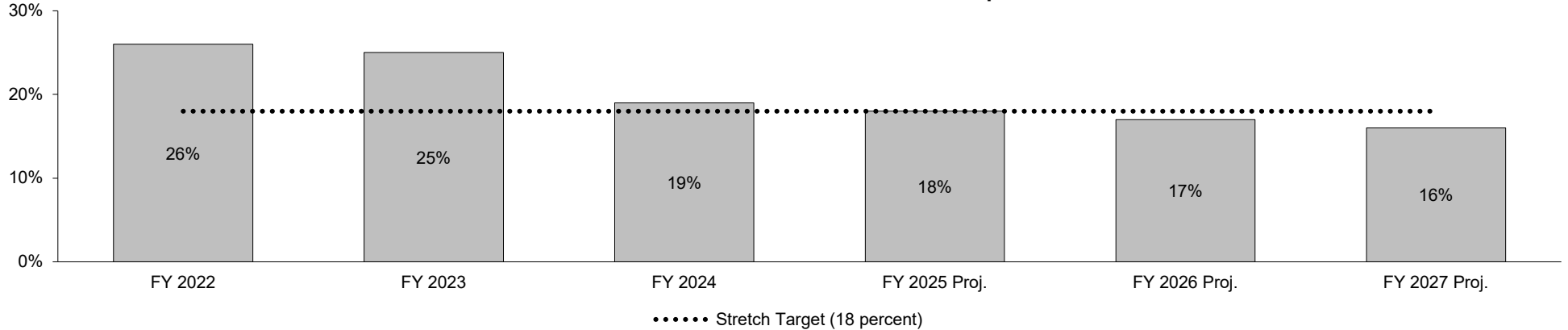
**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

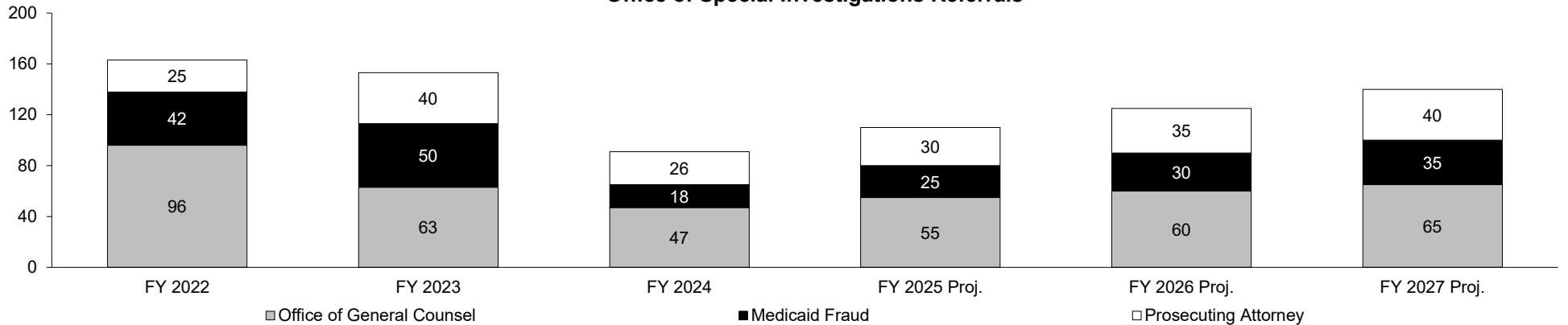
**2c. Provide a measure(s) of the program's impact (continued).**

**Recidivism Rate for Adult Protective Services Reports**



Recidivism rate is the percentage of adults having repeat reports of Abuse, Neglect, and Exploitation in a given fiscal year. The goal is to reduce the rate of recidivism by providing appropriate and effective interventions during the first report; however, the needs of the individual may change after the report has been closed resulting in an additional report.

**Office of Special Investigations Referrals**



The Office of Special Investigations refers substantiated allegations involving criminal conduct such as fraud, financial exploitation or theft, and physical and sexual abuse to the appropriate state agency or prosecuting attorney. Referrals to the Department's Office of General Counsel are to place persons on the Employee Disqualification List after due process. Anyone placed on this list cannot work for an Home and Community Based Services provider for a specified period.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

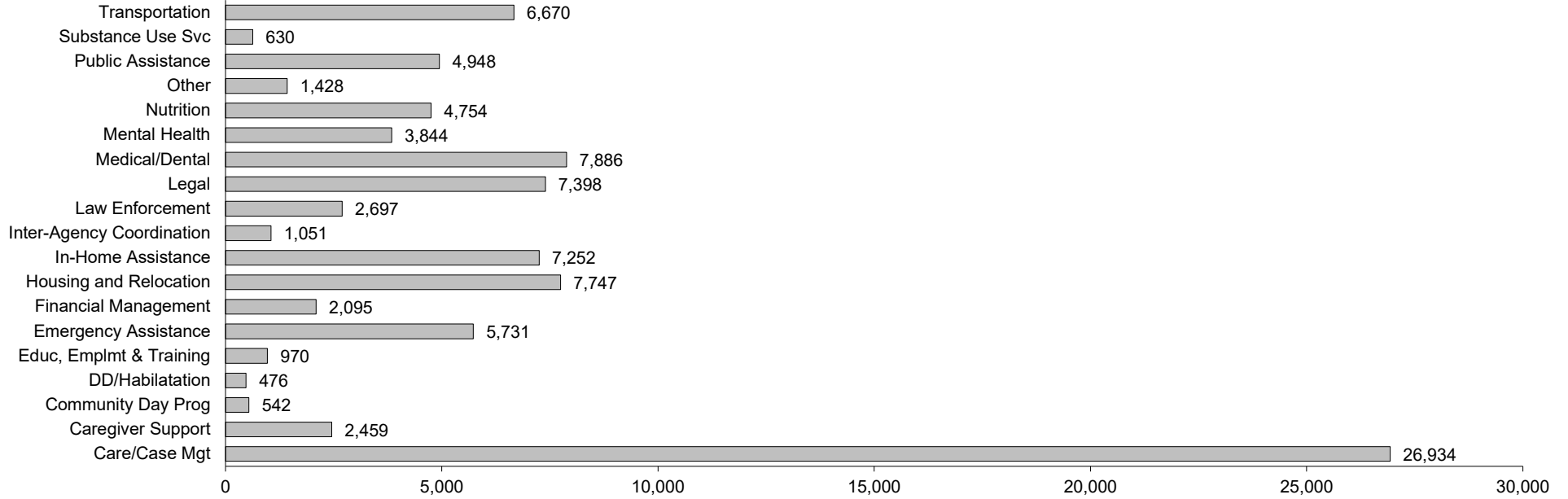
**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations**

**2c. Provide a measure(s) of the program's impact (continued).**

**FY 2024 Adult Protective Services Interventions**



When responding to an Adult Protective Services Report, staff use interventions to address an adult's unmet needs or reduce the risk of Abuse, Neglect, or Exploitation. Of the categories listed, Care/Case Mgt. is provided directly by APS staff. The rest are provided by community partners through a referral process. The categories above were developed to provide information to the National Adult Maltreatment Reporting System (NAMRS), the national data collection system for Adult Protective Services. In FY 2024, Adult Protective Services staff used approximately 97,000 interventions during the investigation of Abuse, Neglect, or Exploitation of vulnerable adults in Missouri.

Note: Data does not include the entire fiscal year due to moving to a new computer software system in February 2024.

Additional descriptions of category titles:

**Care/Case Mgt:** Involves the development and implementation of a service plan to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the eligible adult.

**DD/Habilitation:** Provided for adults with developmental disabilities, physical disabilities and/or visual and auditory impairments to maximize potential, alleviate the effects of the disability, and enable them to live in the least restrictive environment possible.

**Financial Management:** Services or activities to assist in managing finances or planning for future financial needs, such as bank record reviews, wills, and budgeting.

**Law Enforcement:** Any services provided by law enforcement such, as crisis intervention, police reports, or driver's condition reports.

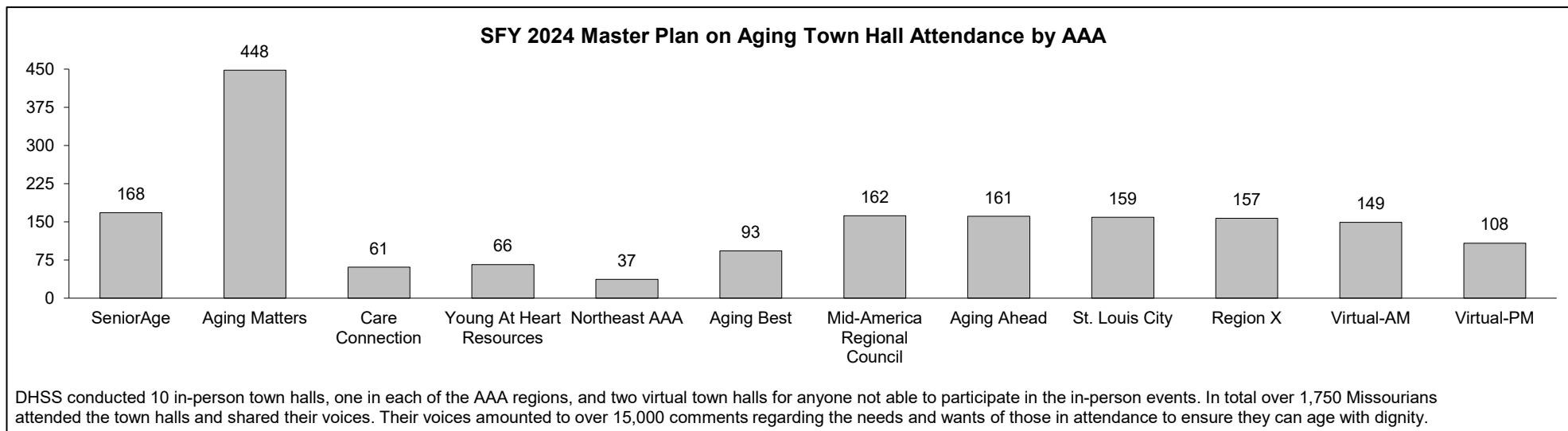
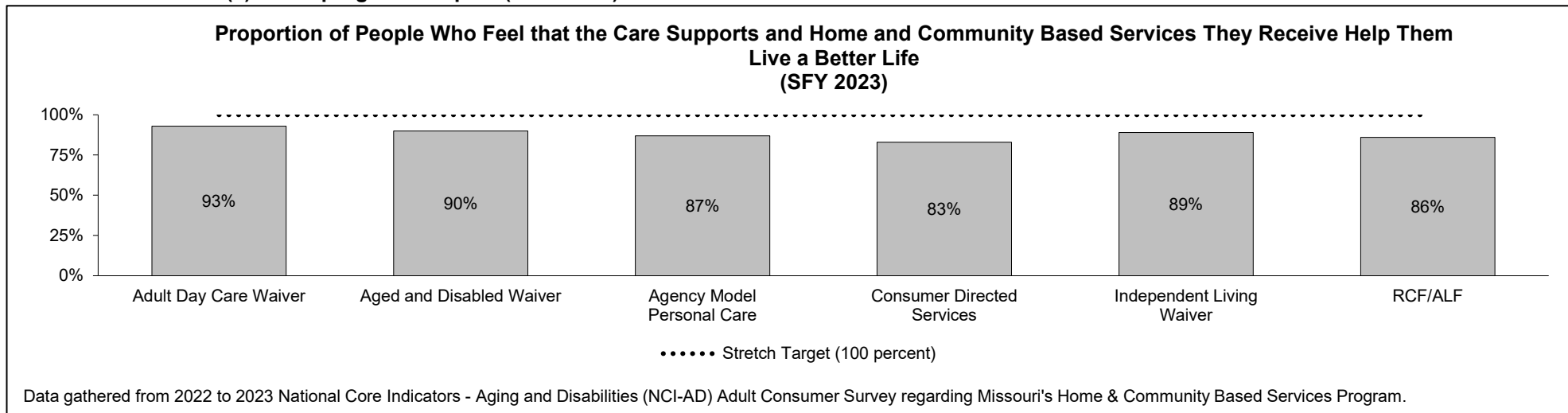
**Public Assistance:** Services and activities provided to obtain assistance for individuals who lack the resources to provide basic necessities for themselves and their families such as SNAP, Medicaid/Medicare, or financial aid programs.

**Victim Services:** Services and activities provided to, or on behalf of, victims at any stage of the criminal justice process. Programs supporting victims of domestic violence, sexual assault, abuse of older women, violence against women, and general crimes which are being handled by the police or prosecutors' offices.

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.800  
**Senior and Disability Services Administration and Field Operations**  
**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

**2c. Provide a measure(s) of the program's impact (continued).**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

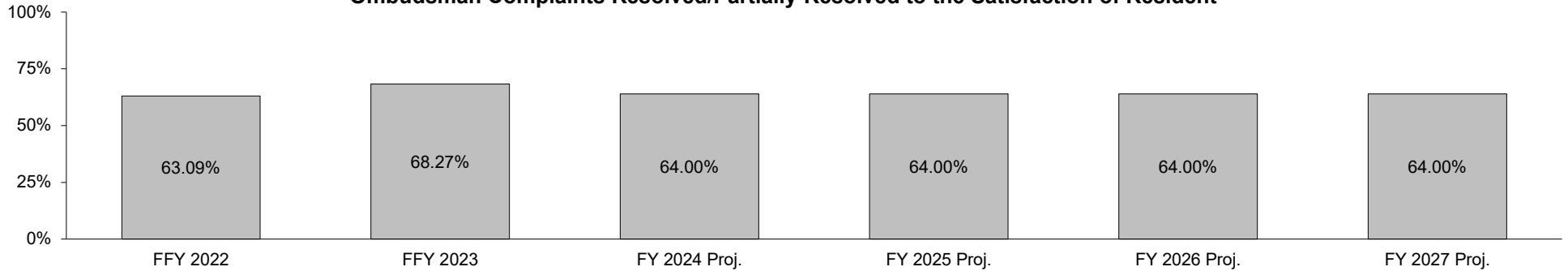
**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

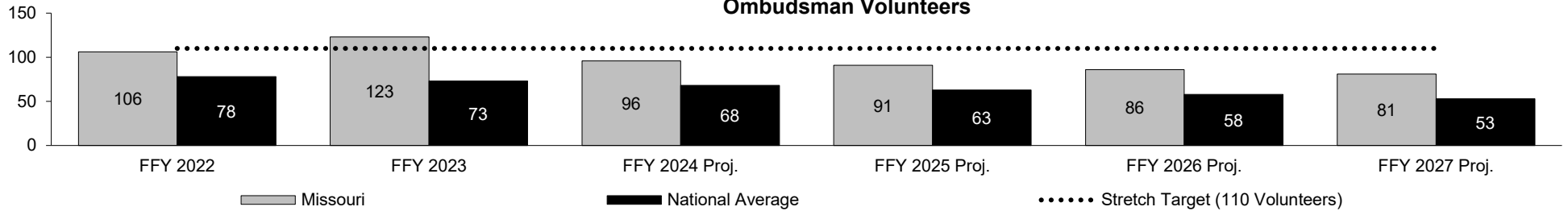
**2c. Provide a measure(s) of the program's impact (continued).**

**Ombudsman Complaints Resolved/Partially Resolved to the Satisfaction of Resident**



Remaining complaints were either withdrawn, no action needed, referred to other agencies, or not resolved to the resident's satisfaction. In some cases, resident expectations may have differed from what the Ombudsman has the ability to resolve, resulting in less resident satisfaction. Many complaints are related to under staffing in nursing homes which is a national systemic issue. Until staffing standards are implemented across the nation, we anticipate satisfaction levels will remain about the same.

**Ombudsman Volunteers**



This is a snapshot of the total number of active volunteers in the reporting period; however, not all are retained through out the entire reporting period. The Administration for Community Living (ACL) requires each new volunteer to complete 36 hours of initial training and 18 hours of continuing education every year. Volunteer participation is decreasing on the national level, in part due to training requirements and more complex complaints.



**PROGRAM DESCRIPTION**

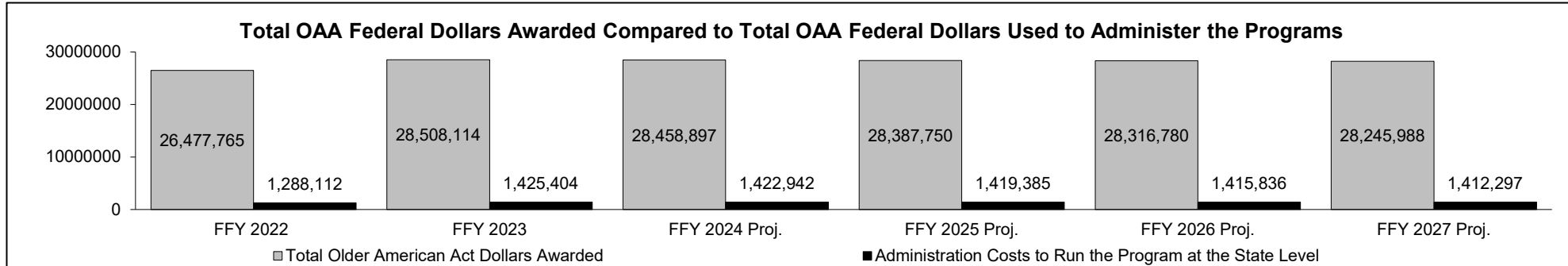
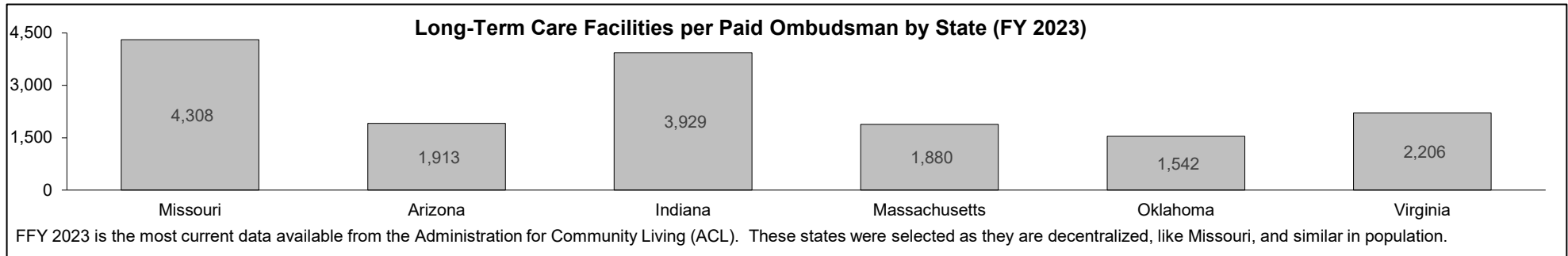
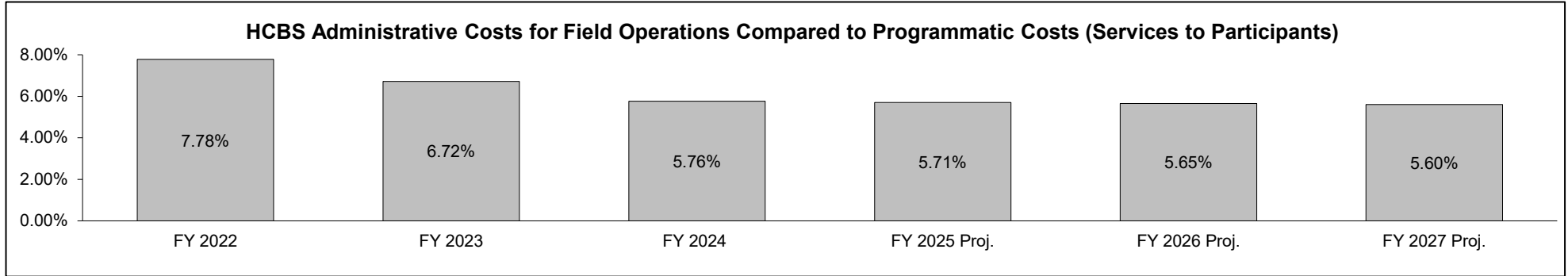
**Health and Senior Services**

AB Section(s): 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s): Senior and Disability Services Administration and Field Operations**

**2d. Provide a measure(s) of the program's efficiency.**



DHSS receives an annual allotment from the Administration for Community Living to provide funds to the AAAs to provide the OAA programs in their planning and service areas. DHSS utilizes only a very small portion (less than 5 percent) of this funding to administer the programs.

**PROGRAM DESCRIPTION**

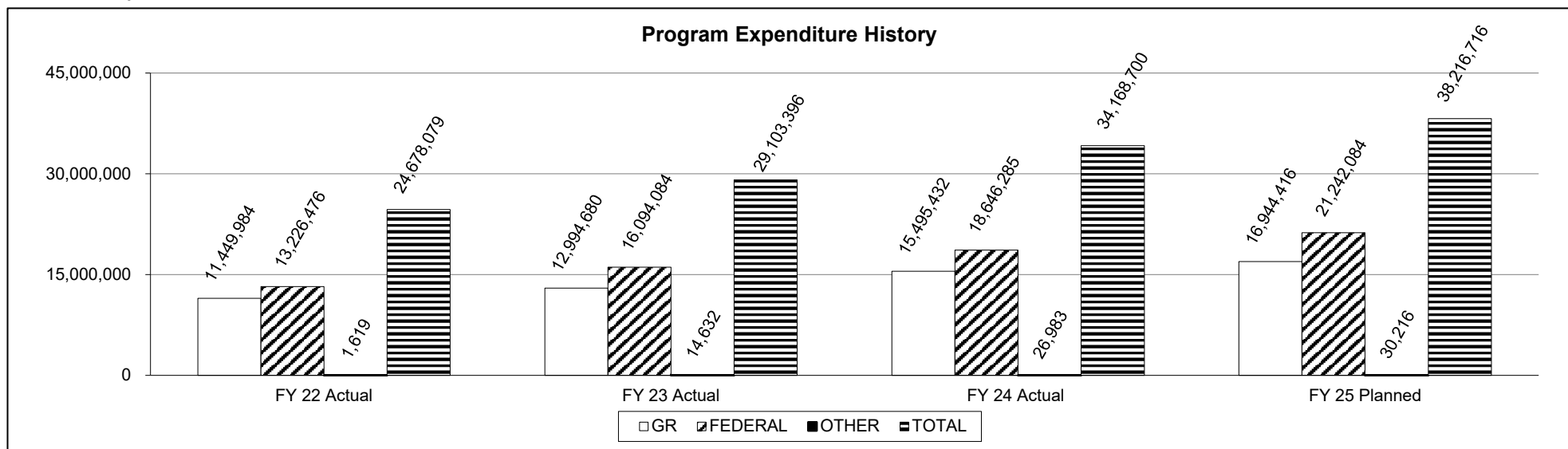
**Health and Senior Services**

**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Nursing Facility Quality of Care Fund (0271).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Chapters 192 and 208, RSMo.

- Home and Community Based Services Operations  
Title XIX and Title XX of the Social Security Act; PL 89-73 Older Americans Act, updated in 2006 by PL 109-365; and Chapter 192, Sections 208.152, 208.895, 208.900 to 208.930, 565.180 to 565.188 and 570.145, RSMo. Federal authority for specific activities is included on division program description pages.
- Adult Protective Services Operations  
Title XIX and Title XX of the Social Security Act; PL 89-73 Older Americans Act, updated in 2006 by PL 109-365; PL 74-271 Elder Justice Act, amended 2018 by PL 115-123; Chapter 192, Sections 198.032, 198.070, 565.180-565.188, and 570.145, RSMo.
- Long Term Care Ombudsman  
PL 89-73 Older Americans Act, updated by PL 109-365; 42 U.S.C., Section 3058; and 192.2300 through 192.2315, RSMo.

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.800

**Senior and Disability Services Administration and Field Operations**

**Program is found in the following core budget(s):** Senior and Disability Services Administration and Field Operations

**6. Are there federal matching requirements? If yes, please explain.**

- Home and Community Based Services Operations

Yes, within this program lies responsibility for program oversight of the Medicaid State Plan Personal Care and Adult Day Care Programs, the Aged and Disabled Waiver, the Independent Living Waiver, the Structured Family Caregiving Waiver, and the Brain Injury Waiver. State funds receive a 50 percent federal match when activities deal with home and community based care or the health and safety of Medicaid participants.

- Adult Protective Services Operations

Some of the activities of the Central Registry Unit are eligible for Medicaid funding; the matching requirement is 50 percent.

- Long Term Care Ombudsman

No.

**7. Is this a federally mandated program? If yes, please explain.**

- Home and Community Based Services Operations

Yes, due to Missouri opting to offer HCBS, oversight of federal funding is required for use of Title XIX and Title XX of the Social Security Act funds and PL 89-73, Older Americans Act. Additional oversight of the Medicaid HCBS waivers is required by the Centers for Medicare and Medicaid.

- Adult Protective Services Operations

Yes, oversight of federal funding is required for use of Title XX of the Social Security Act funds and PL 74-271 Elder Justice Act.

- Long Term Care Ombudsman

Yes, states receiving Older Americans Act funding are mandated to have a long-term care ombudsman serving residents statewide.

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.805

**Senior and Disability Services Non-Medicaid Programs**

**Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs**

**1a. What strategic priority does this program address?**

Expand Access to Services and Plan for the Increase in the Aging Population.

**1b. What does this program do?**

The Division of Senior and Disability Services (DSDS) operates programs outside of Medicaid funding that support individuals with disabilities or vulnerable adults that are in need of critical short-term interventions to assist with instances of abuse, neglect or financial exploitation. Those initiatives include the Children and Youth with Special Health Care Needs (CYSHCN) program, the Adult Brain Injury (ABI) program, Kids Assistive Technology Program, Missouri Brain Injury Advisory Council (MBIAC), Traumatic Brain Injury (TBI) State Partnership Grant, the Adult Protective Services short-term interventions program and the Non-Medicaid Eligible (NME) program.

Special Health Care Needs (SHCN) supports individuals with disabilities and chronic illness to improve their level of independence and overall health status by providing service coordination and authorization of program specific healthcare support services. SHCN serves both Medicaid and Non-Medicaid participants. The Medicaid programs have been incorporated in the Home and Community Based Medicaid Services Program Description. The following non-Medicaid programs within SHCN are administered through contracts with participating local public health agencies (LPHAs) and include:

- The Children and Youth with Special Health Care Needs (CYSHCN) Program provides service coordination for children under the age of 21 who meet medical eligibility criteria and provides limited funding for preventative, diagnostic, and treatment healthcare services for those children whose families also meet financial eligibility.
- Adult Brain Injury (ABI) Program provides service coordination and community based rehabilitation services. Participants of ABI are ages 21 to 65 who are living with a traumatic brain injury (TBI). Service coordination links the participants to resources to enable each person to obtain goals of independent living, community participation, and/or employment. Participants may also receive community-based rehabilitation services to help achieve their identified goals. Rehabilitation services include counseling, vocational training, employment supports, and home and community-based support training.

In addition to these programs, SHCN also supports individuals through managing the following initiatives:

- Family Partnership for children and youth with special health care needs provides Family Partners, who are available to assist families impacted by special health care needs, and by providing resources and information that empower these families to live a good life. Each Family Partner is a parent of a child or youth with special health care needs and is equipped to explore options and solutions with the families they serve. Family Partners are located throughout the state and host events that enable families to network and to stay current with trends and issues that may affect them.
- Kids Assistive Technology Program provides funding to Missouri Assistive Technology to assist children and youth with special health care needs with access to technology resources that help reduce their functional barriers.
- Federal TBI State Partnership Grant promotes system change initiatives and public awareness efforts through activities initiated with this grant, which in turn expand access to a comprehensive and coordinated system of services and supports for individuals with TBI.
- Missouri Brain Injury Advisory Council (MBIAC) established pursuant to Section 192.745, RSMo, makes recommendations to the Department of Health and Senior Services Director for developing and administering a state plan to provide services for individuals living with a brain injury.

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.805</u>					
<b>Senior and Disability Services Non-Medicaid Programs</b>						
<b>Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs</b>						
<b>1b. What does this program do? (continued)</b>						
<p>The Adult Protective Services short-term interventions program provides temporary services to eligible adults who have been victims of abuse, neglect, or financial exploitation. Funding for this program pays for emergency services and evaluations to assist/assess the victim in remaining safely in their homes and communities. These non-Medicaid funded services fill the gap while waiting for eligibility for other programs to be determined or when no other formal/informal resource is available for needed oversight.</p> <p>The Non-Medicaid Eligible (NME) program provides Consumer Directed Services (CDS) to adults with disabilities who need assistance in accessing care or services to perform activities of daily living necessary to maintain independence and dignity in the least restrictive environment of their choice, including their homes and communities. Participants must meet all criteria set forth in Sections 208.900 to 208.930, RSMo. The NME program is available only to those participants who were receiving consumer directed services funded through NME prior to June 30, 2005, when program enrollment was frozen; no new participants shall be added to the NME program. The program was designed to assist participants who had extensive health care needs, but did not qualify for Medicaid-funded Home and Community Based Services (HCBS). Participants receiving services funded through the NME program are eligible for those services throughout their lifetime and may be added or removed from the program as necessary. The NME program will sunset on June 30, 2025 per statute.</p>						
<b>2a. Provide an activity measure(s) for the program.</b>						
	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024 Projected</b>	<b>FY 2025 Projected</b>	<b>FY 2026 Projected</b>
Children and Youth with Special Health Care Needs (CYSHCN) participants receiving service coordination	768	738	707	725	725	725
Children and Youth with Special Health Care Needs (CYSHCN) participants receiving diagnostic and treatment services*	655	617	613	629	629	629
Family Partnership for Children and Youth with Special Health Care Needs contacts	9,416	9,496	9,496	9,496	9,496	9,496
Kids Assistive Technology individuals served	32	11	34	20	20	20
Adult Brain Injury (ABI) participants receiving service coordination	489	443	446	460	460	460
Adult Brain Injury (ABI) participants receiving provider rehabilitation services*	268	205	217	224	224	224
*This count is also reflected in the number of program participants receiving service coordination.						

**PROGRAM DESCRIPTION**

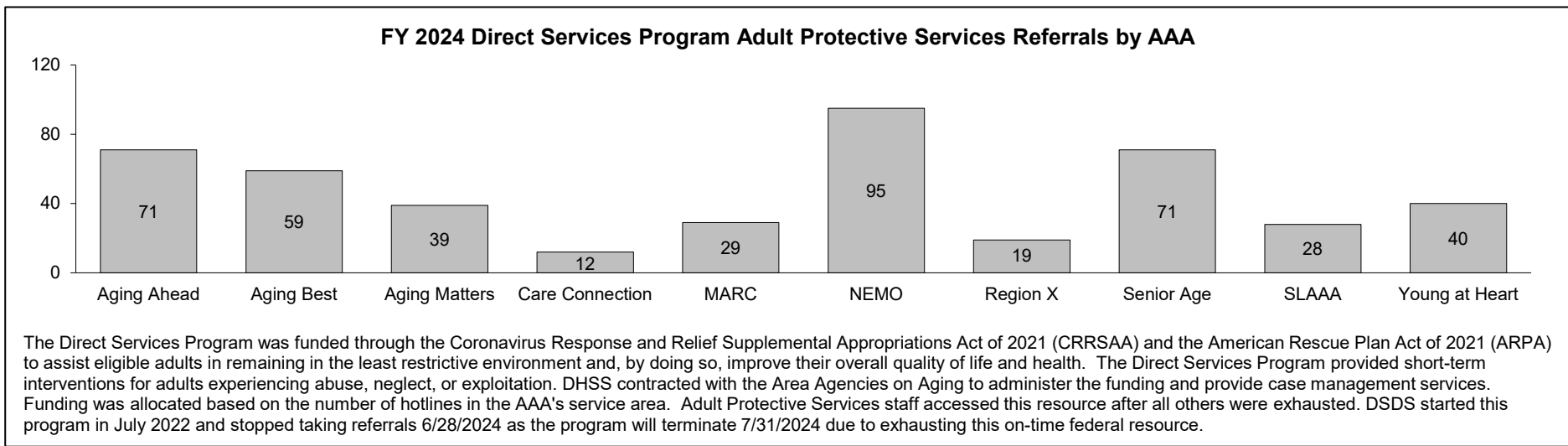
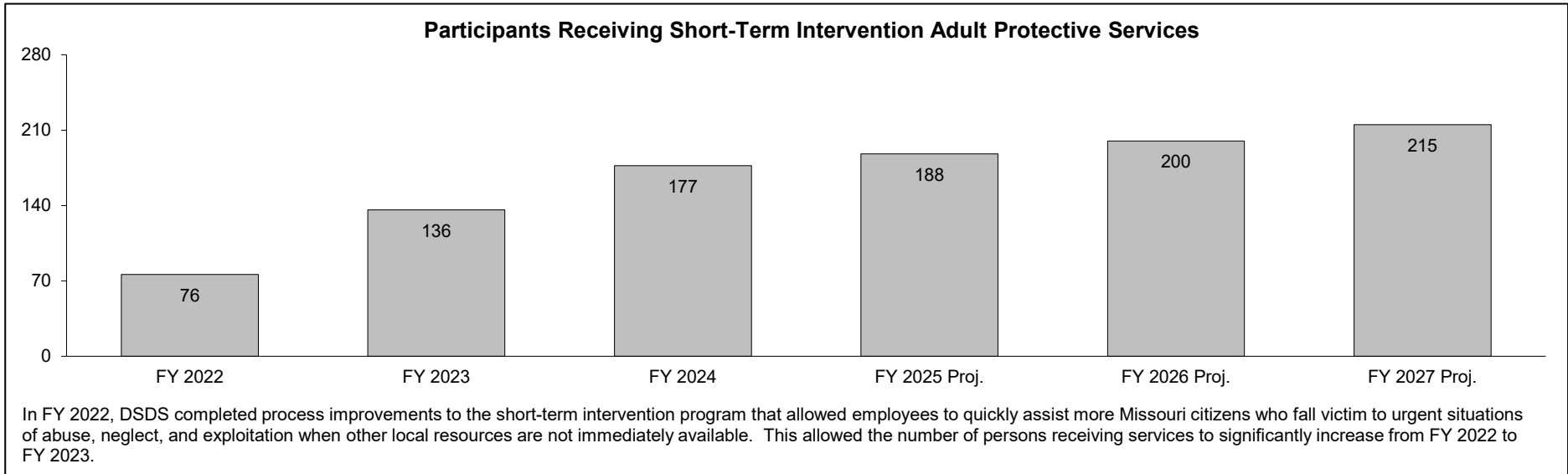
**Health and Senior Services**

**AB Section(s):** 10.805

**Senior and Disability Services Non-Medicaid Programs**

**Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs**

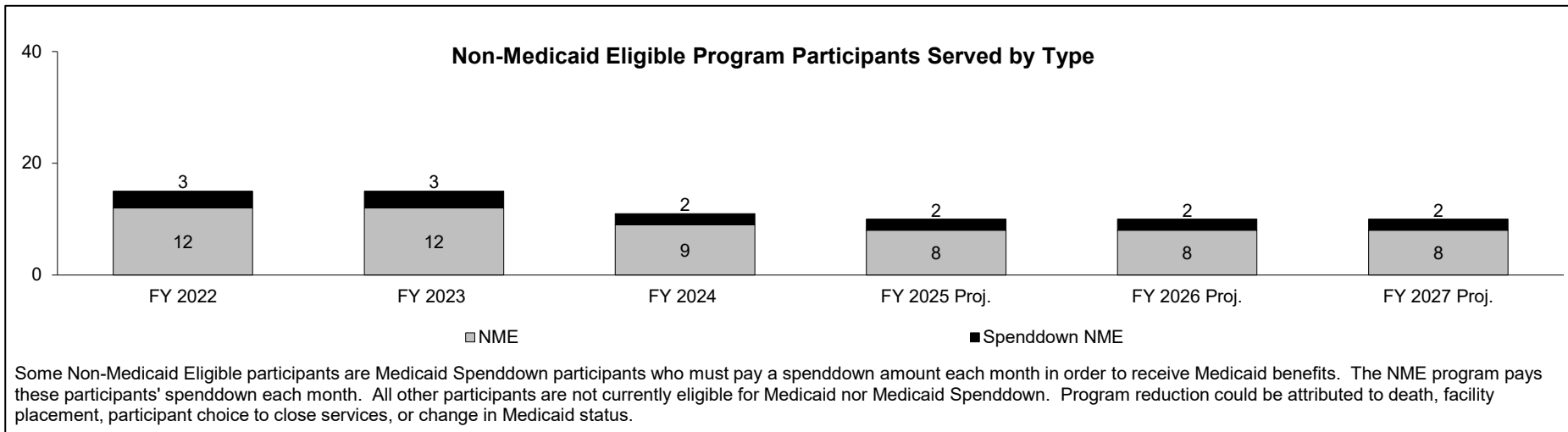
**2a. Provide an activity measure(s) for the program. (continued)**



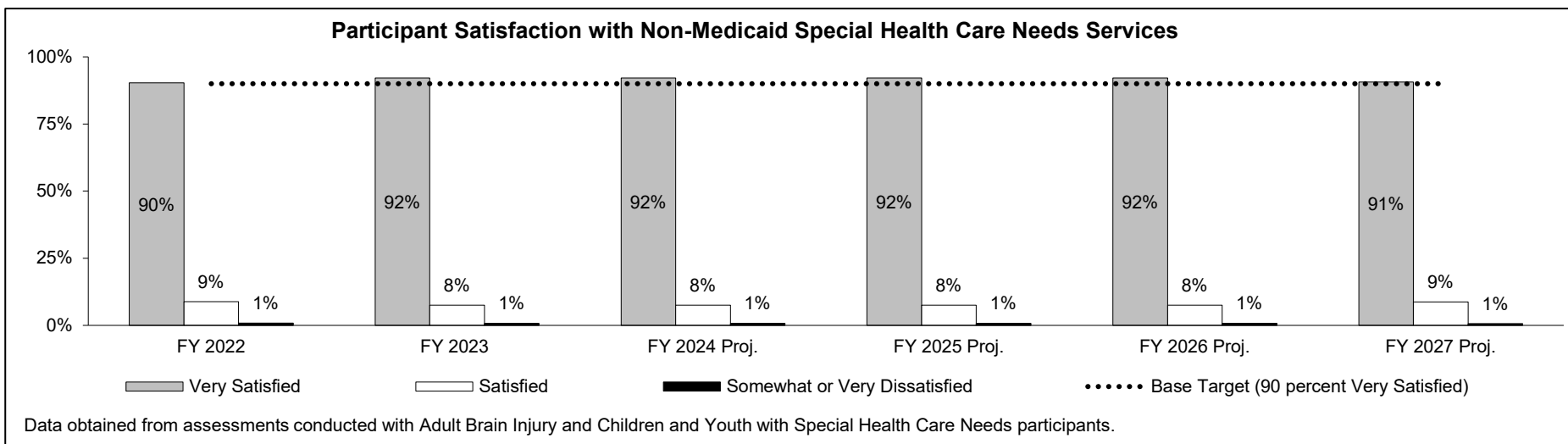
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.805  
**Senior and Disability Services Non-Medicaid Programs**  
**Program is found in the following core budget(s):** Senior and Disability Services Non-Medicaid Programs

**2a. Provide an activity measure(s) for the program. (continued)**



**2b. Provide a measure(s) of the program's quality.**



**PROGRAM DESCRIPTION**

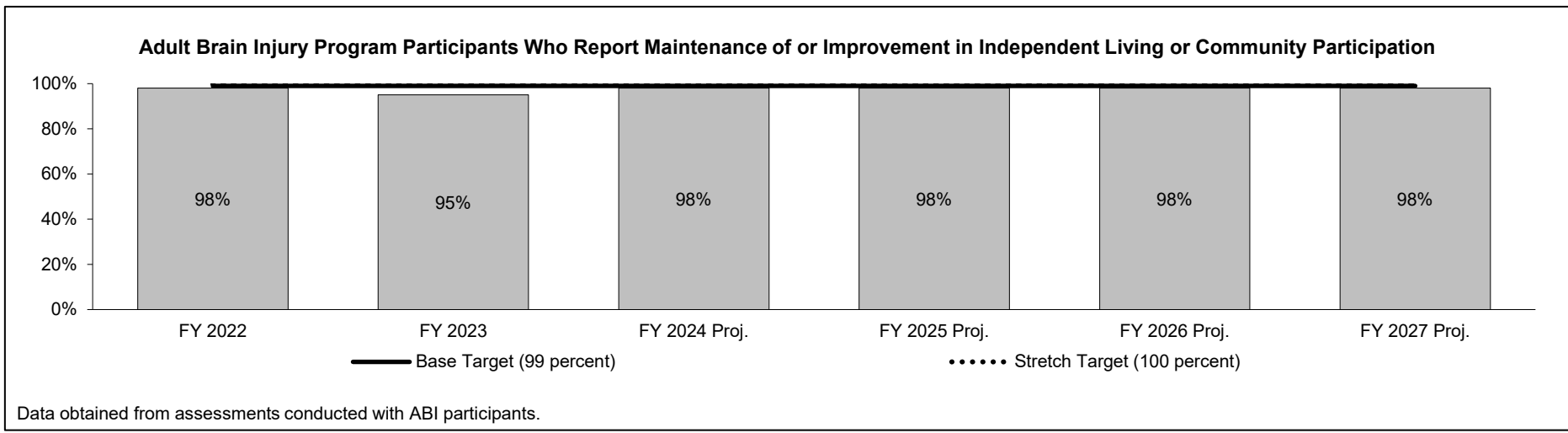
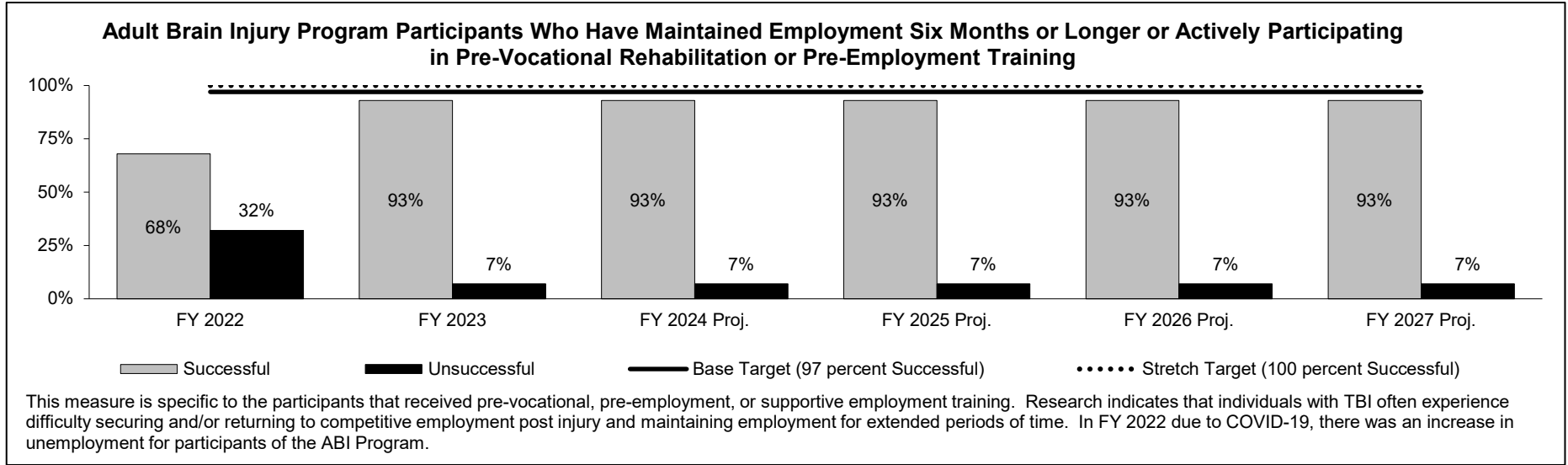
**Health and Senior Services**

AB Section(s): 10.805

**Senior and Disability Services Non-Medicaid Programs**

**Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs**

**2c. Provide a measure(s) of the program's impact.**





**PROGRAM DESCRIPTION**

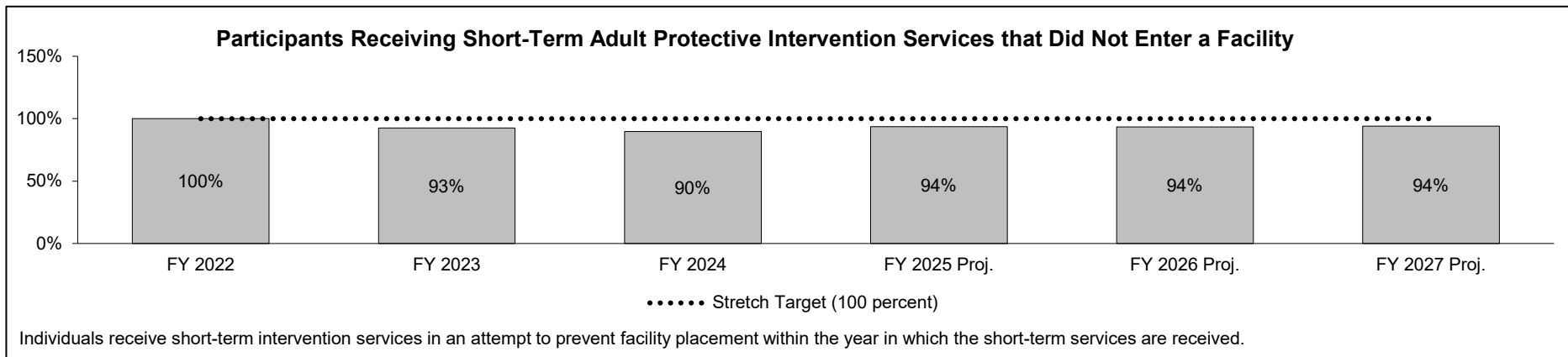
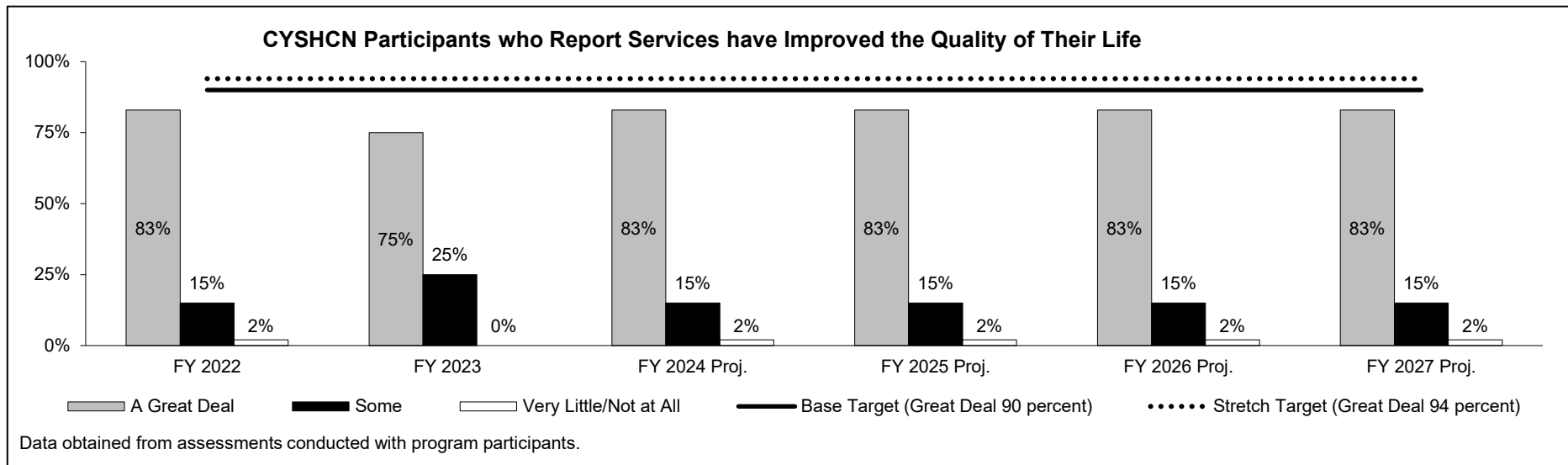
**Health and Senior Services**

**AB Section(s):** 10.805

**Senior and Disability Services Non-Medicaid Programs**

**Program is found in the following core budget(s):** Senior and Disability Services Non-Medicaid Programs

**2c. Provide a measure(s) of the program's impact. (continued)**



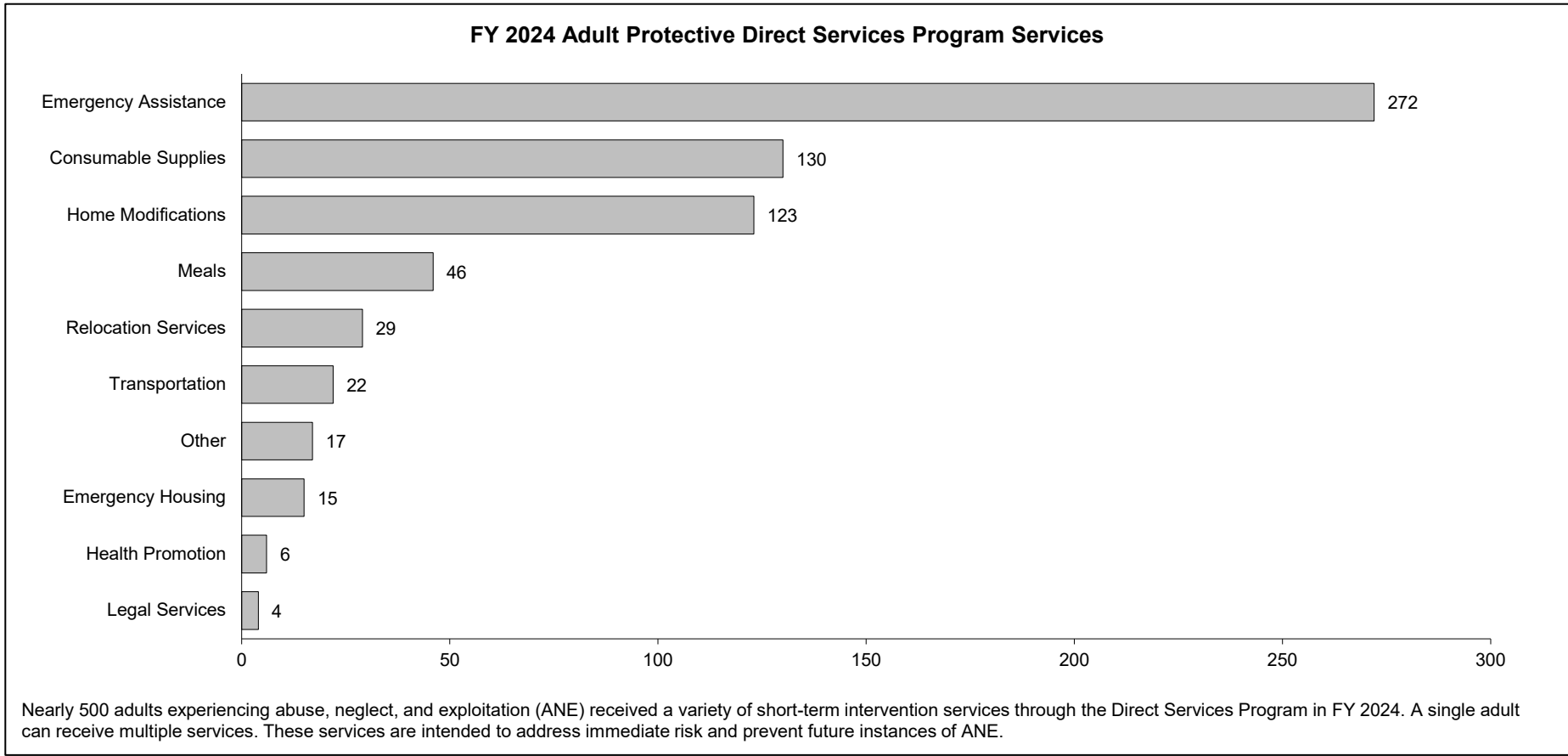
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.805

**Senior and Disability Services Non-Medicaid Programs**

**Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs**

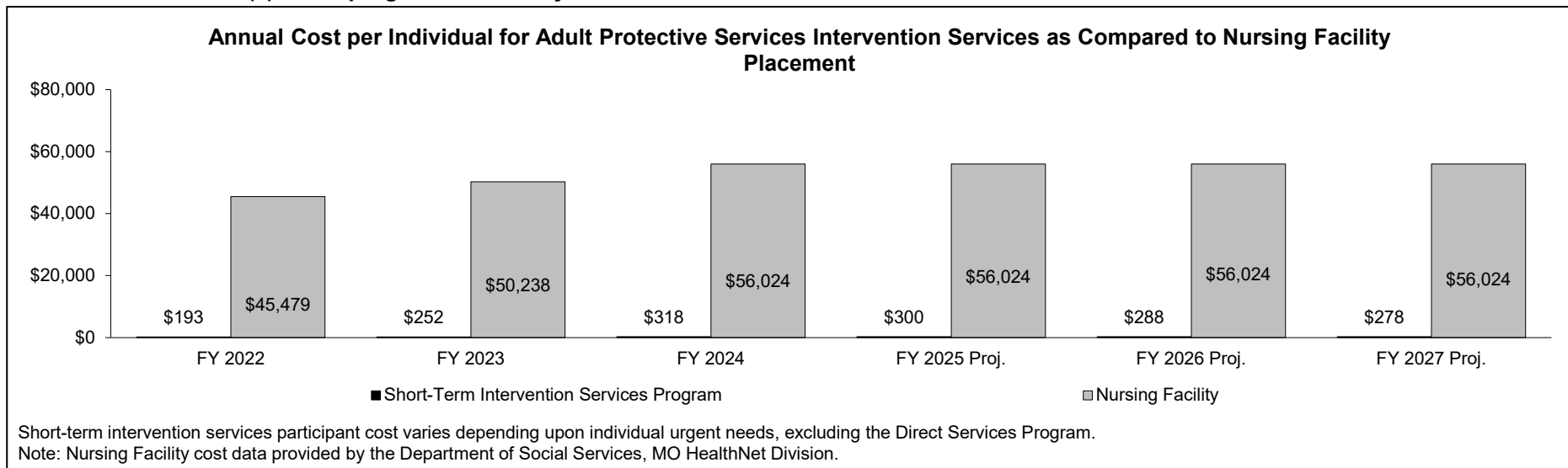
**2c. Provide a measure(s) of the program's impact. (continued)**



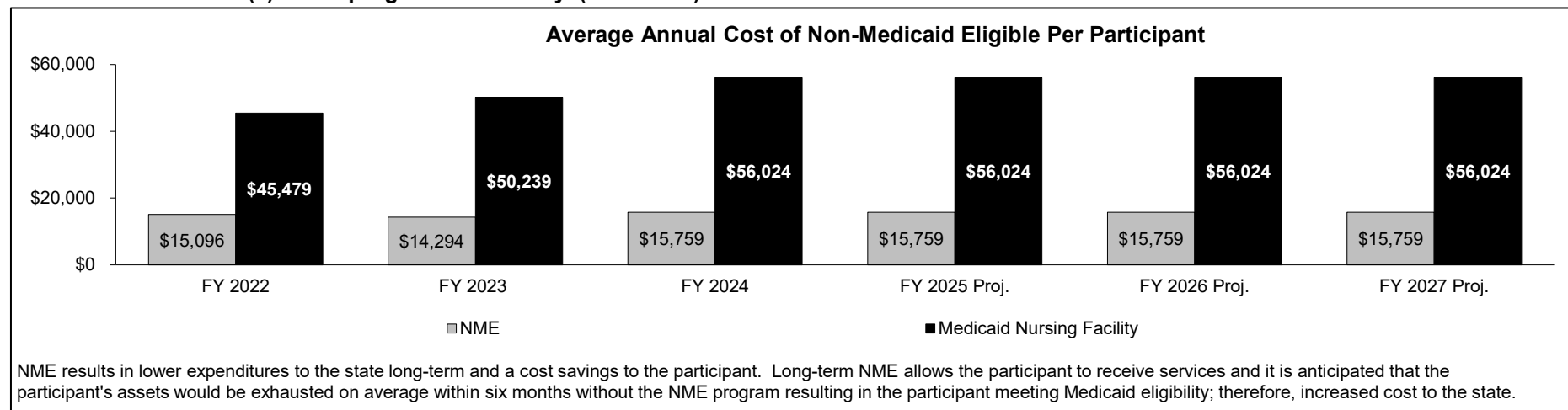
**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.805  
**Senior and Disability Services Non-Medicaid Programs**  
**Program is found in the following core budget(s):** Senior and Disability Services Non-Medicaid Programs

**2d. Provide a measure(s) of the program's efficiency.**



**2d. Provide a measure(s) of the program's efficiency. (continued)**



## PROGRAM DESCRIPTION

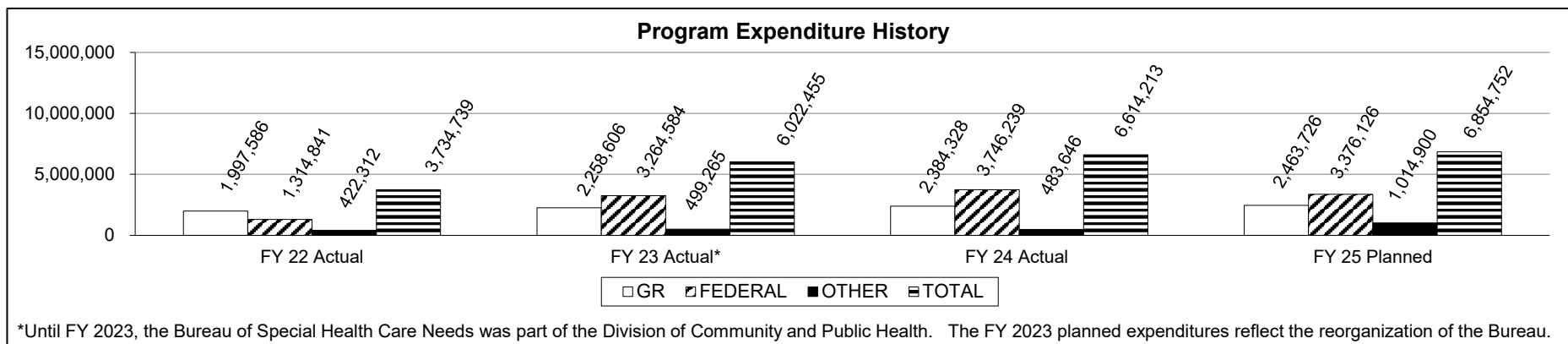
**Health and Senior Services**

AB Section(s): 10.805

**Senior and Disability Services Non-Medicaid Programs**

**Program is found in the following core budget(s): Senior and Disability Services Non-Medicaid Programs**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other" funds?**

Health Initiatives Fund (0275), Brain Injury Fund (0742), C&M Smith Memorial Endowment Fund (0873), and Children's Special Health Care Needs Service Fund (0950).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

- SHCN  
Sections 201.010 to 201.130, RSMo; Title V of the Social Security Act, Maternal and Child Health Block Grant, Sections 501 to 514; Sections 192.735-192.745, 199.003-199.009, and 304.028, RSMo; Title XIX of Social Security Act.
- APS  
Sections 192.2400 - 192.2505, RSMo.
- NME  
Sections 208.900 to 208.930, RSMo. Program sunsets on June 30, 2025 per Section 208.930.12, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, the Maternal and Child Health Grant supports SHCN and requires a three dollar non-federal, four dollar federal match; and maintenance of effort. In addition, Medicaid funds support a portion of SHCN, requiring General Revenue funds to match Federal funds. The TBI grant requires a 50 percent match of state funds for every federal dollar granted.

**7. Is this a federally mandated program? If yes, please explain.**

Yes, states receiving the Maternal and Child Health Block Grant funds are required to have a Children with Special Health Care Needs Program. Also, the existence of a brain injury advisory council is required in order to receive the federal TBI grant.

## PROGRAM DESCRIPTION

### Health and Senior Services

AB Section(s): 10.810, 10.815, and 10.820

### Medicaid Home and Community-Based Services (HCBS)

Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)

#### 1a. What strategic priority does this program address?

Expand Access to Services and Plan for the Increase in the Aging Population.

#### 1b. What does this program do?

This program provides Medicaid Home and Community Based Services (HCBS) to allow individuals with disabilities and seniors to remain safe and independent in the least restrictive environment as an alternative to institutional care.

Program Medicaid eligibility is determined by the Department of Social Services, Family Support Division (FSD). Service eligibility requires all participants to meet nursing facility level of care (LOC). Department of Health and Senior Services (DHSS) staff complete LOC assessments to determine whether HCBS participants are at a functional level of need that would require institutional care without the assistance of HCBS. Program eligibility is reassessed annually.

HCBS provides assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). ADLs include assistance with dressing, grooming, meal preparation, bathing, toileting, etc. IADLs include laundry, light housework, financial management services, grocery shopping, transportation, etc.

HCBS includes the following waiver and state plan services:

- Adult Day Care Waiver: provides Adult Day Care services to adults aged 18 to 63 in an effort to promote community and social engagement;
- AIDS Waiver: provides personal care and support services to Missourians diagnosed with HIV;
- Aged and Disabled Waiver: provides Homemaker, Respite, Chore, and Adult Day Care services to adults aged 63+ to ensure each participant has the tools and support needed to remain in the least restrictive environment possible;
- Brain Injury Waiver: provides personal care and support services to Missourians aged 21 to 65 who are living with traumatic brain injury;
- Healthy Children and Youth Program: provides medically necessary in home services (for example personal care and nursing care) to Missourians under the age of 21 with complex medical needs whose needs cannot be met through Missouri's State Plan programs;
- Independent Living Waiver: provides self-direction services beyond the allowable maximum of the Consumer Directed Services program to adults aged 18 to 64 in order to provide the support necessary for participants to remain in their homes and communities;
- Medically Fragile Adult Waiver: provides medically necessary in home services (for example personal care and nursing care) to Missourians aged 21+ with complex medical needs;
- Structured Family Caregiving Waiver: provides personal care, light housework, medication oversight, and transportation services to adults aged 21 to 64 with a dementia related diagnosis;
- State Plan Personal Care (Agency-Model and Consumer Directed) services: provides personal care and other support services to adults aged 18+ in order to allow them to remain in their homes and communities as an alternative to institutional care.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

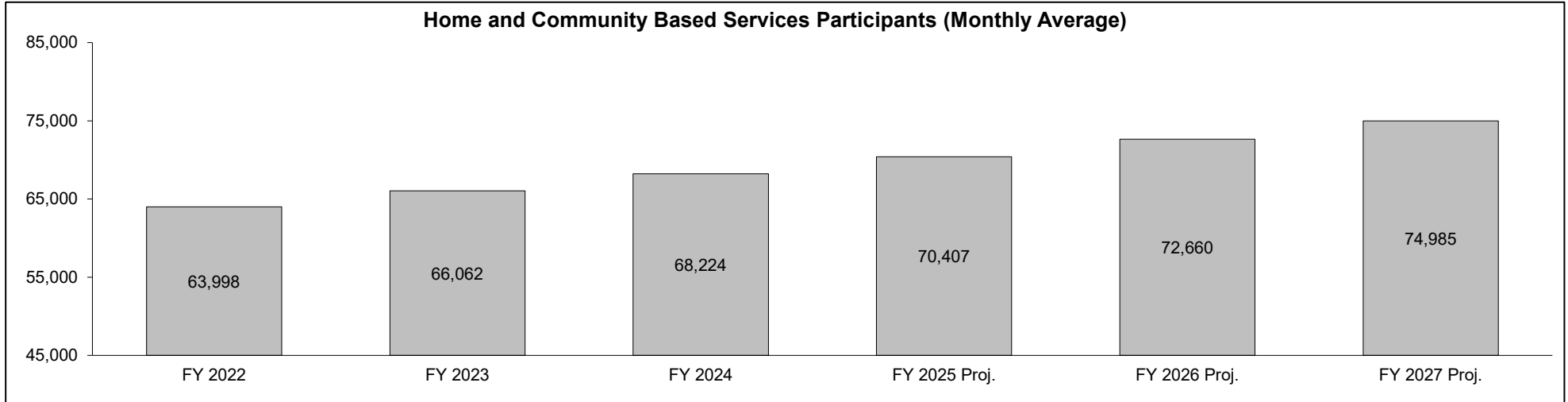
AB Section(s): 10.810, 10.815, and 10.820

**Medicaid Home and Community-Based Services (HCBS)**

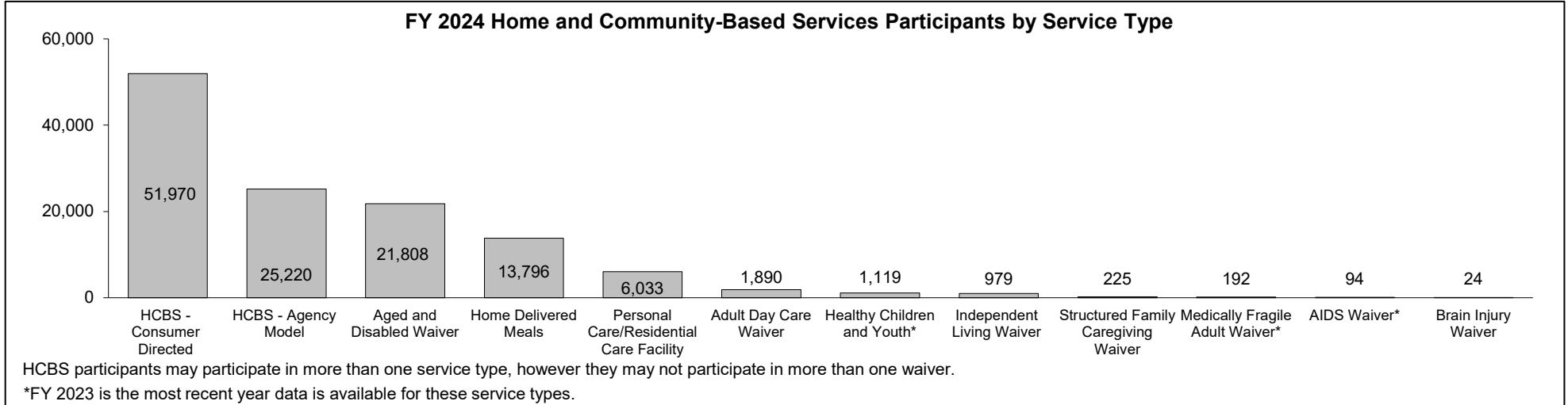
**Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)**

**2a. Provide an activity measure(s) for the program.**

**Home and Community Based Services Participants (Monthly Average)**



**FY 2024 Home and Community-Based Services Participants by Service Type**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

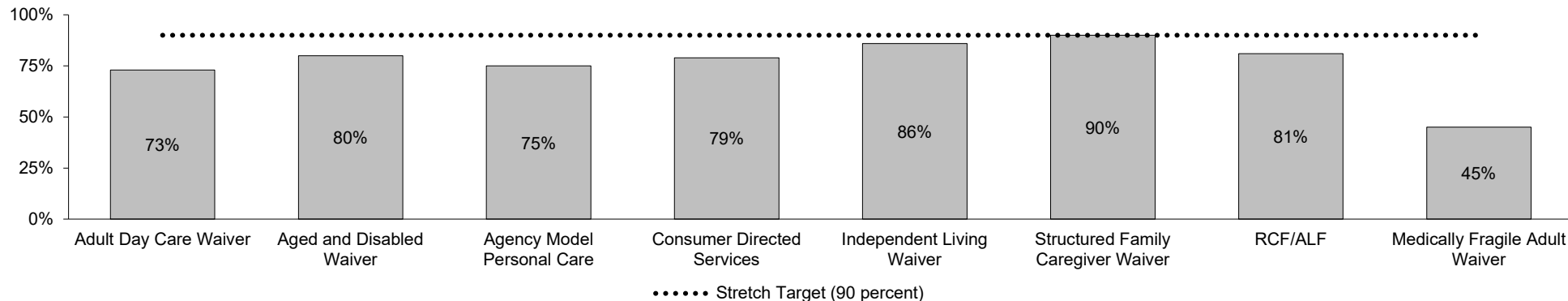
**AB Section(s):** 10.810, 10.815, and 10.820

**Medicaid Home and Community-Based Services (HCBS)**

**Program is found in the following core budget(s):** Medicaid Home and Community-Based Services (HCBS)

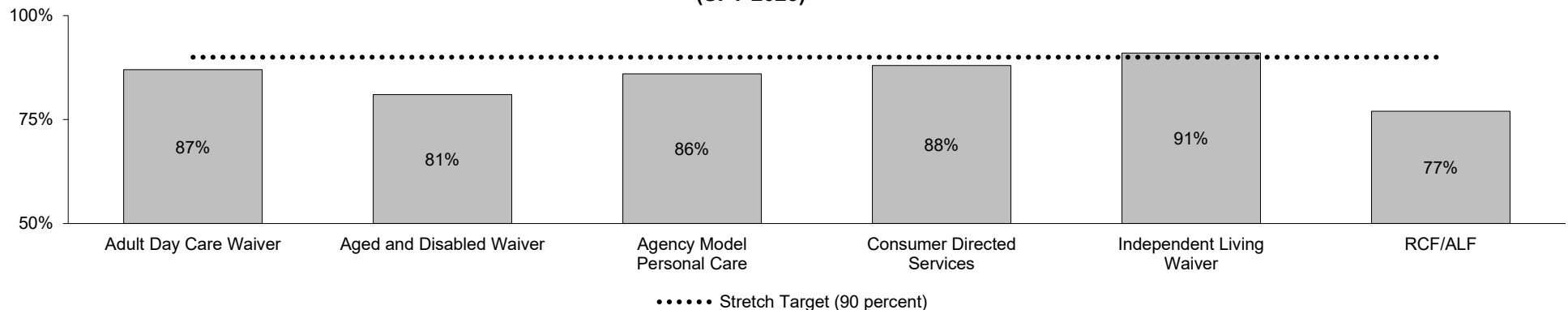
**2b. Provide a measure(s) of the program's quality.**

**Proportion of People Whose Long-Term Care Services Meet all Their Current Needs and Goals (SFY 2023)**



Data gathered from 2022-2023 National Core Indicators - Aging & Disabilities (NCI-AD) Adult Consumer Survey.

**Proportion of People Who Know Whom to Contact if They Want to Make Changes to Their Services (SFY 2023)**



Data gathered from 2022-2023 National Core Indicators - Aging and Disabilities (NCI-AD) Adult Consumer Survey.

**PROGRAM DESCRIPTION**

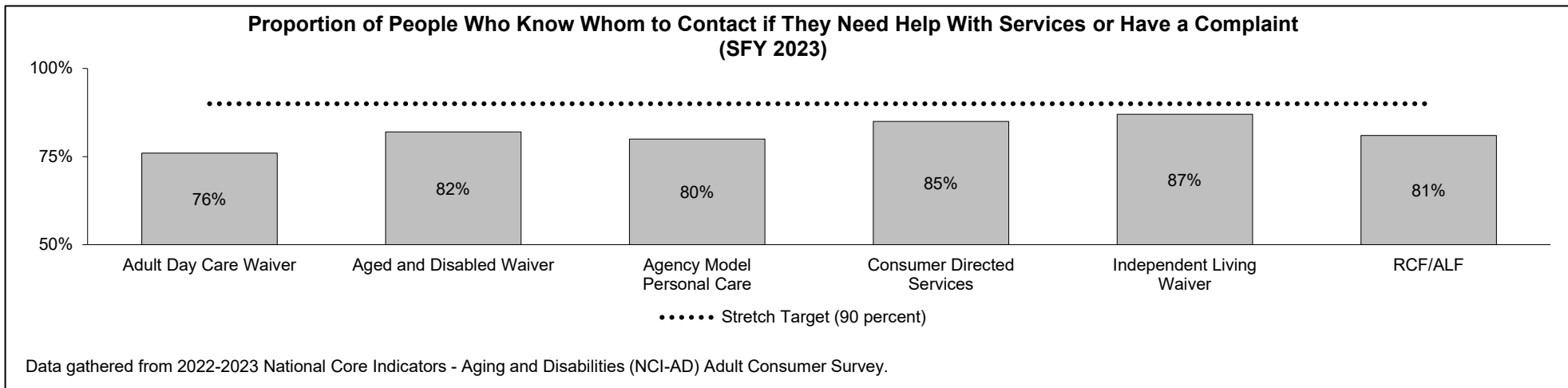
**Health and Senior Services**

**AB Section(s):** 10.810, 10.815, and 10.820

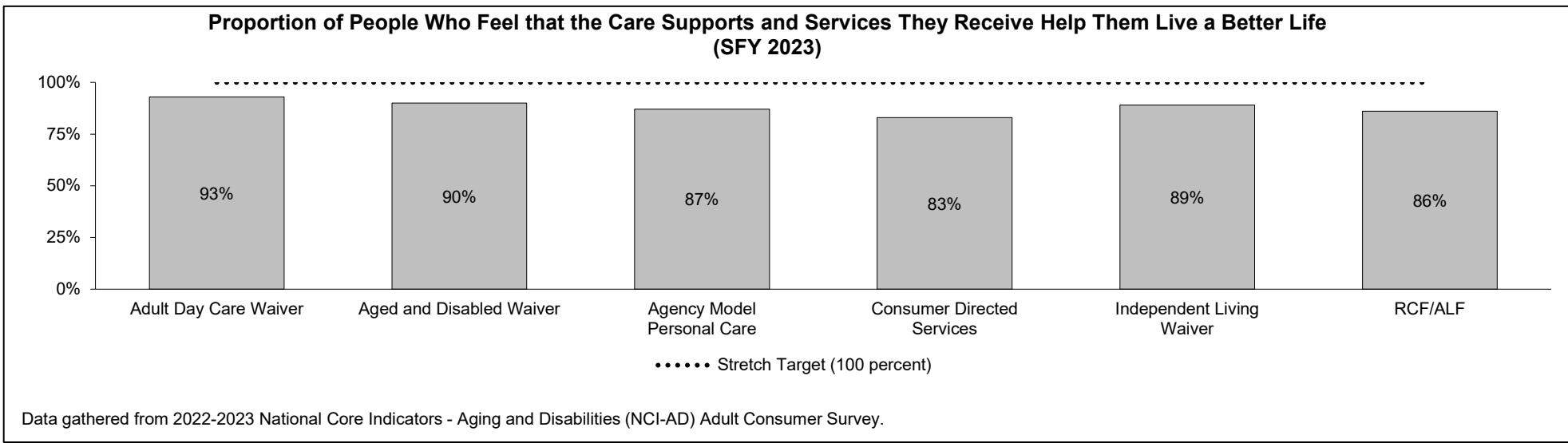
**Medicaid Home and Community-Based Services (HCBS)**

**Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)**

**2b. Provide a measure(s) of the program's quality (continued)**



**2c. Provide a measure(s) of the program's impact. How much effort is invested to achieve impact.**





**PROGRAM DESCRIPTION**

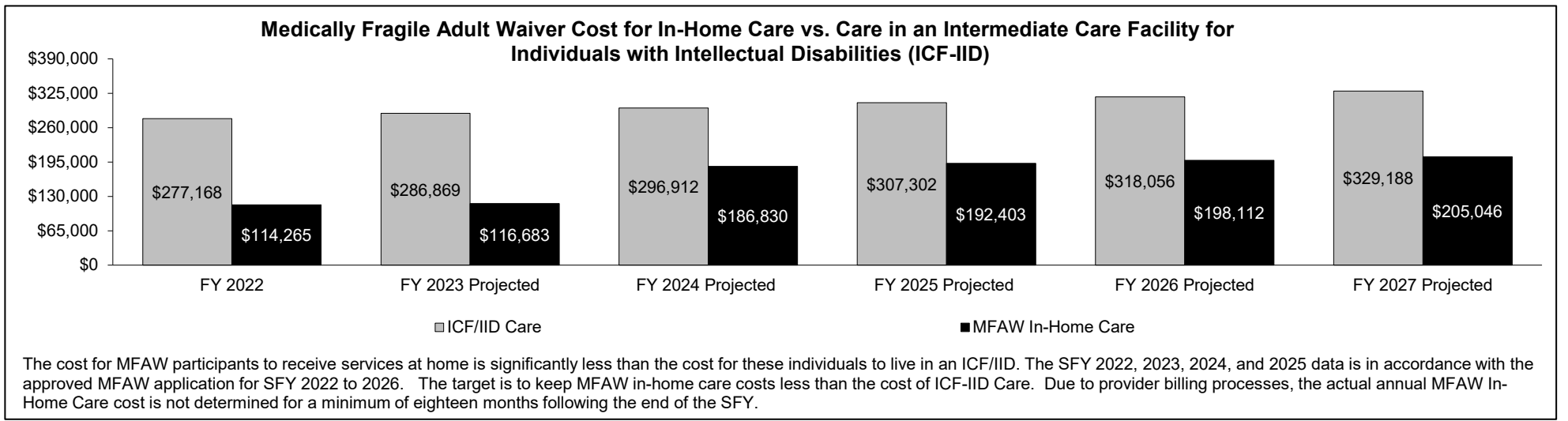
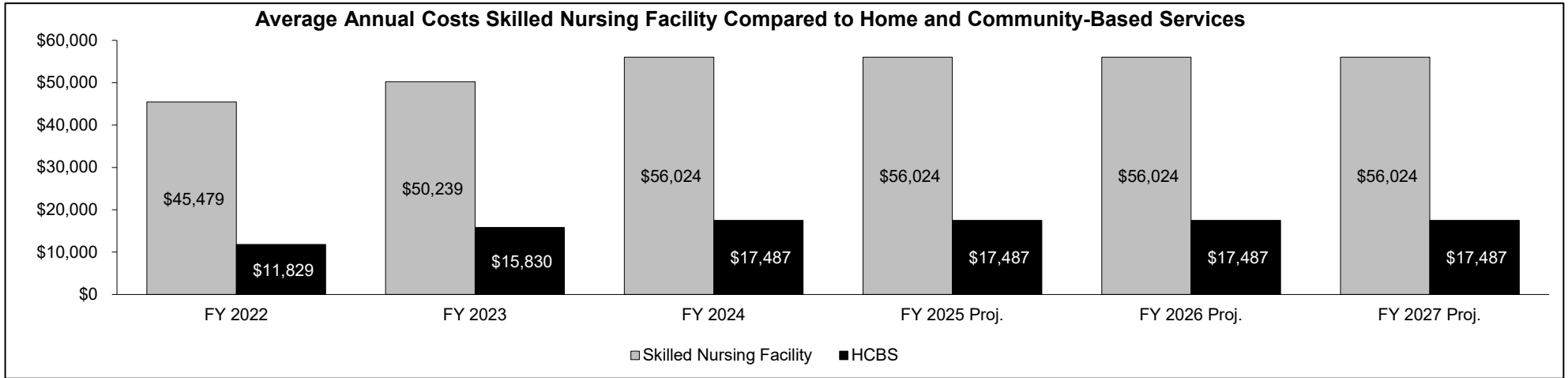
**Health and Senior Services**

**AB Section(s):** 10.810, 10.815, and 10.820

**Medicaid Home and Community-Based Services (HCBS)**

**Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)**

**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

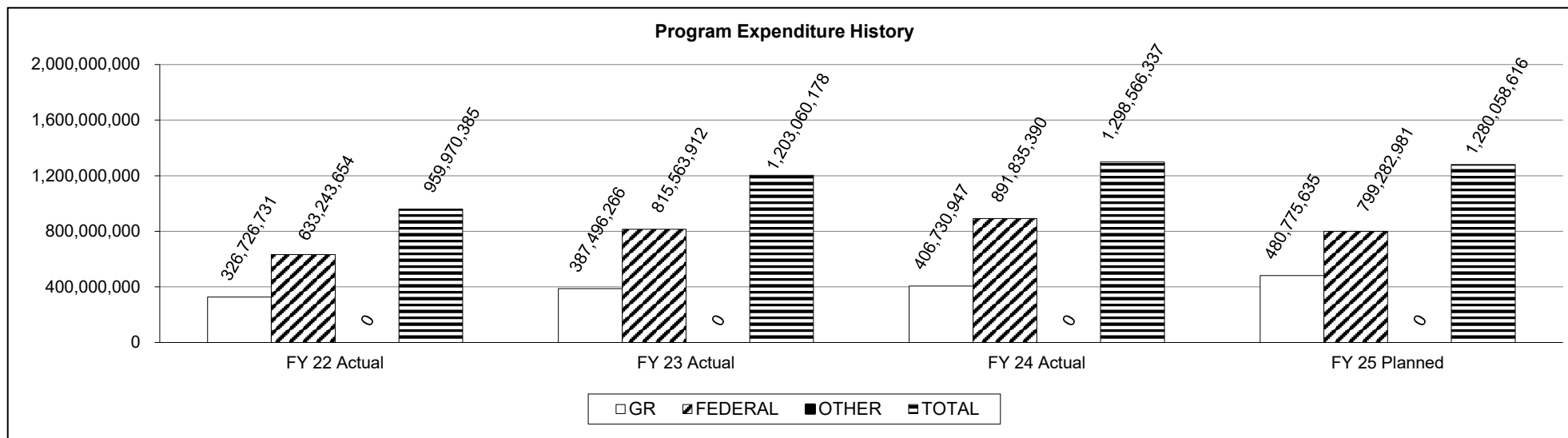
**Health and Senior Services**

**AB Section(s):** 10.810, 10.815, and 10.820

**Medicaid Home and Community-Based Services (HCBS)**

**Program is found in the following core budget(s): Medicaid Home and Community-Based Services (HCBS)**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

None.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Title XIX and Title XX of the Social Security Act; PL 89-73 Older Americans Act, updated in 2006 by PL 109-365; and Sections 192.2000, 192.2400 to 192.2505, 201.010 to 201.130, 208.152, and 208.900 to 208.930, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, HCBS provided under State Plan Personal Care, the Adult Day Care Waiver, the Aged and Disabled Waiver, the Independent Living Waiver, the AIDS Waiver, the Medically Fragile Adult Waiver, Brain Injury Waiver, and Healthy Children and Youth (HCY) are matched by General Revenue according to the standard Federal Medical Assistance Percentage (FMAP) rate for activities related to home and community-based care for eligible participants.

**7. Is this a federally mandated program? If yes, please explain.**

Yes, due to Missouri opting to offer HCBS, oversight of federal funding is required for use of Title XIX and Title XX of the Social Security Act funds and PL 89-73, Older Americans Act. Additional oversight of the Medicaid HCBS waivers is required by the Centers for Medicare and Medicaid.

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.830

**Area Agencies on Aging**

**Program is found in the following core budget(s):** Area Agencies on Aging

**1a. What strategic priority does this program address?**

Expand Access to Services and Plan for the Increase in the Aging Population.

**1b. What does this program do?**

The mission of the AAAs is to ensure that older adults and caregivers can live with dignity. These AAAs are designated by the State of Missouri to carry out the mission of the Older Americans Act (OAA) through conducting needs assessments with eligible older adults, age 60+, and caregivers in their designated planning and service areas. Based on findings from the needs assessment, each AAA designs programs and services to meet the needs voiced in their areas, particularly for those with the greatest economic or social needs.

- Primary program funding is received from the federal government pursuant to the OAA. The Older Americans Act (OAA) provides services such as congregate meals; home-delivered meals; and supportive services such as in-home services, care coordination, benefits enrollment, senior transportation, home modifications, caregiver support, and evidence-based wellness programs through ten Area Agencies on Aging to Missourians age 60 and over (and younger in the case of family caregiver services) to help them avoid institutionalization and remain in the location of their choice for as long as they want to be there.

SB 275 from the 2019 legislative session created the Senior Services Growth and Development Program and corresponding fund. The Senior Services Growth and Development Fund was established to provide additional funding for senior services provided through the area agencies on aging in this state, with at least 50 percent of the funds distributed to be applied by area agencies on aging to the development and expansion of senior center programs, facilities, and services. This program was anticipated to begin in January 2020. However, the appropriated expenditure authority remained at \$1 until SFY 2024. This funding has been used multiple ways such as repairs and modernizing senior centers, expanding services to additional participants, funding implementation of new programs for vision, dental, and other formally unmet needs, and adding senior centers to the network.

Give 5 is a “civic matchmaking” program that connects retirees and soon-to-be-retirees with meaningful volunteer opportunities that best fit their skill sets and passions. Participants learn about the most challenging problems facing their communities and uncover ways they can help make a difference in addressing those social and systemic issues. The Department contracts with the Missouri Association of Area Agencies on Aging (ma4) to implement the Give 5 Program statewide. They operate the program through contracts with the AAAs and other nonprofit organizations throughout the state.

Missouri’s Ombudsman Program is a network of paid staff and trained volunteers overseen by the State Ombudsman Office and operated by the Area Agencies on Aging(AAA). Paid Ombudsmen and supervised volunteers (hired by the AAAs) conduct regular visits to long-term care facilities to assist residents with solving concerns related to their quality of care and quality of life. Ombudsmen seek to reduce the sense of isolation some residents feel, especially those who do not have close family or friends. Ombudsmen can help residents rediscover a sense of self determination and exercise their rights. Education is provided to residents, families, facility staff and the community about subjects pertaining to long-term care. Systems advocacy is another important Ombudsman role to assure residents’ interests are represented to the public and lawmakers on a federal and state level.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

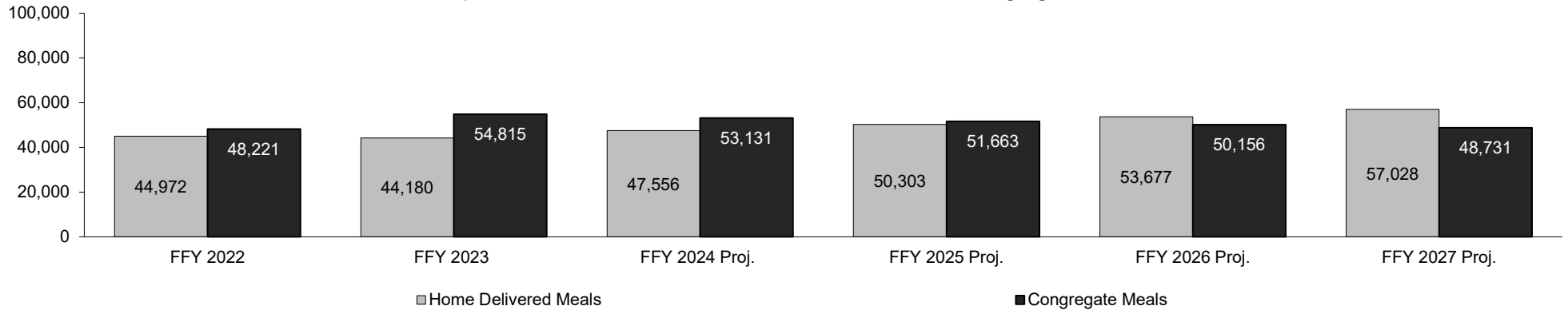
**AB Section(s): 10.830**

**Area Agencies on Aging**

**Program is found in the following core budget(s): Area Agencies on Aging**

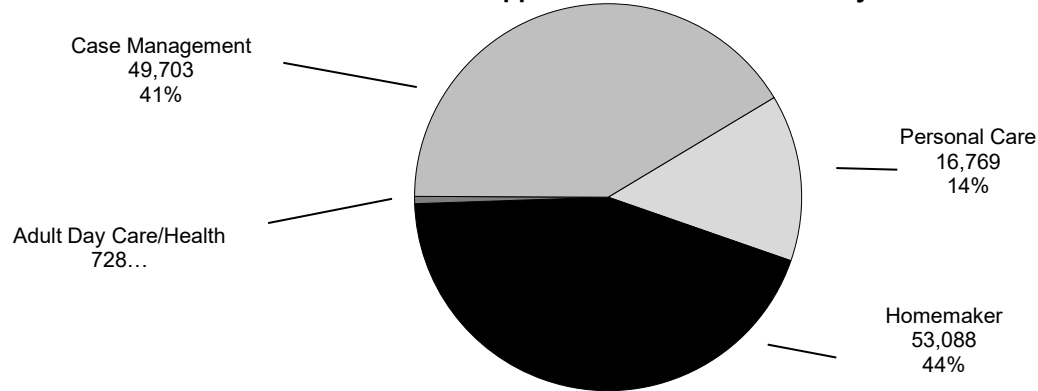
**2a. Provide an activity measure(s) for the program.**

**Unduplicated Persons Who Received Home Delivered or Congregate Meals**



FFY 2023 is the most recently completed FFY.

**FFY 2023 Supportive Services Provided by AAAs**



Supportive services, such as Personal Care, Homemaker, Adult Day Care, and Case Management, help individuals remain in their location of choice. Supportive services for FFY 2023 are identified by the units of each service provided to OAA participants across the state. FFY 2023 is the most recently completed FFY.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

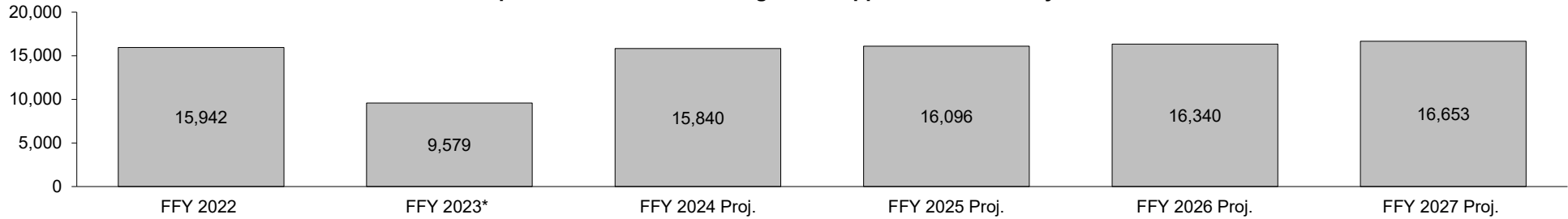
**AB Section(s): 10.830**

**Area Agencies on Aging**

**Program is found in the following core budget(s): Area Agencies on Aging**

**2a. Provide an activity measure(s) for the program. (continued)**

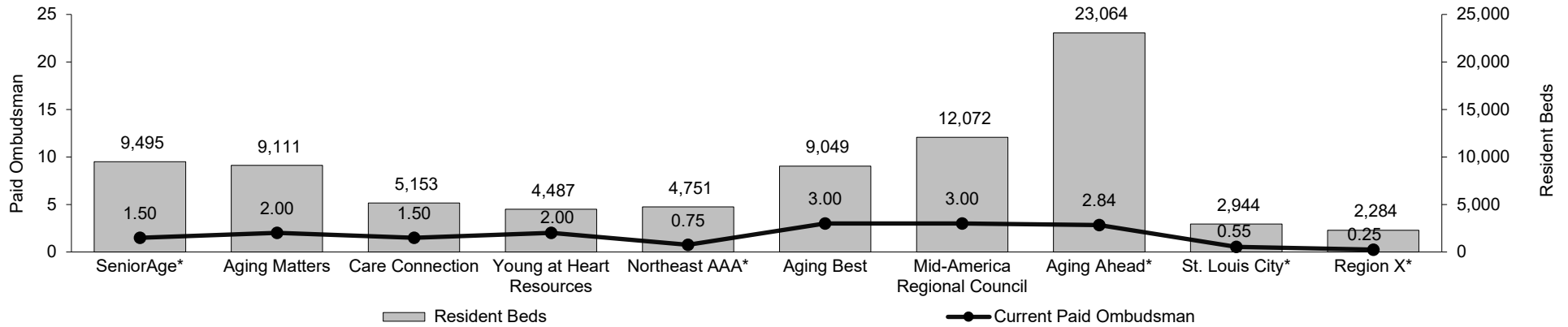
**Unduplicated Persons Receiving OAA Supportive Services by Year**



FFY 2023 is the most recently completed fiscal year.

\*FFY 2023 saw a decrease in supportive services due to a lack of direct care services staff, closures of adult day cares, and reduced transportation routes. Missouri is working to build the direct care workforce which will allow additional supportive services such as personal care, homemaker, chore, and respite to be provided. In addition, AAAs are looking at other ways to provide the supportive services such as consumer directed services and volunteer drivers to help provide additional access to services.

**Number of Paid Ombudsman and Resident Beds by AAA**



\*AAAs who contract out the Ombudsman paid positions.  
Recommended ratio is one paid Ombudsman for every 2,000 licensed long-term care facility beds.

**PROGRAM DESCRIPTION**

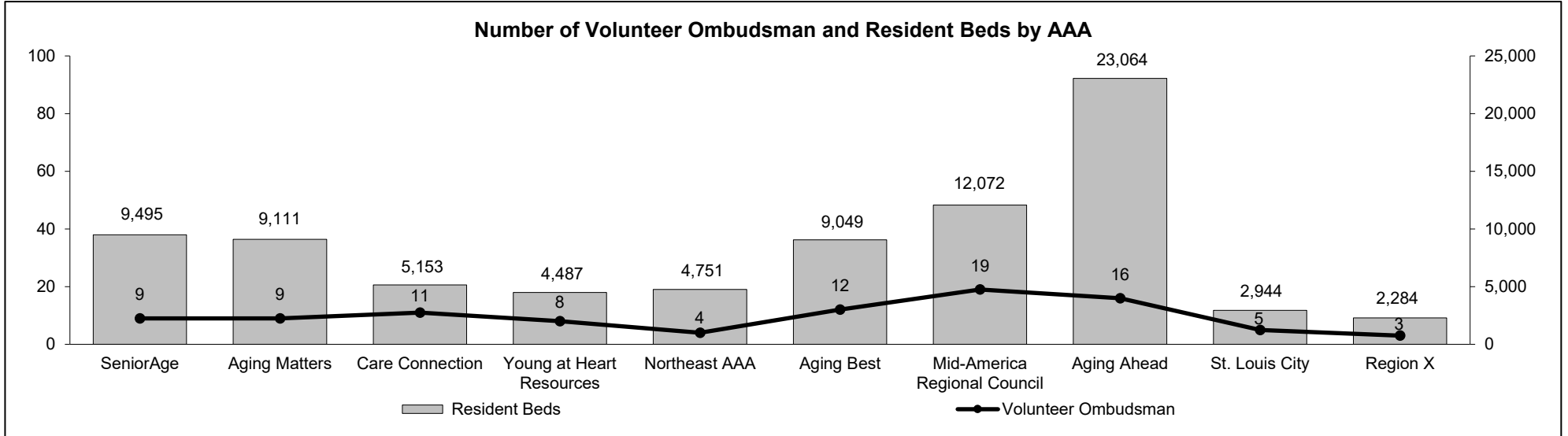
**Health and Senior Services**

**AB Section(s): 10.830**

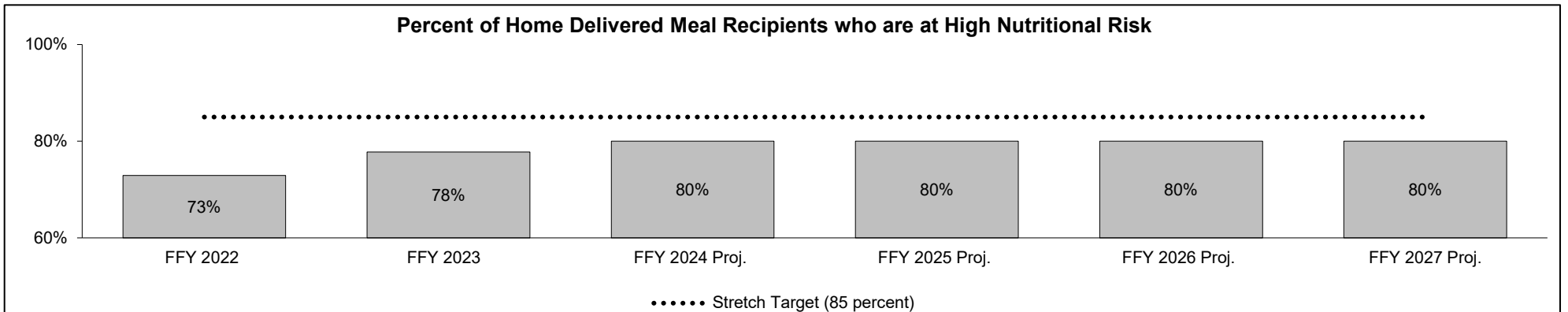
**Area Agencies on Aging**

**Program is found in the following core budget(s): Area Agencies on Aging**

**2a. Provide an activity measure(s) for the program. (continued)**



**2b. Provide a measure(s) of the program's quality.**



Persons determined to be at high nutritional risk via an assessment by the AAA are more likely to have higher overall healthcare costs or become institutionalized. Receiving home-delivered meals is one way to help older individuals reduce healthcare costs and remain in the home. The OAA outlines several risk factors outside of high nutritional risk that could also lead to the need for home-delivered meals, including, but not limited to, those individuals with the greatest economic or social need. FFY 2023 was the most recently completed fiscal year.

**PROGRAM DESCRIPTION**

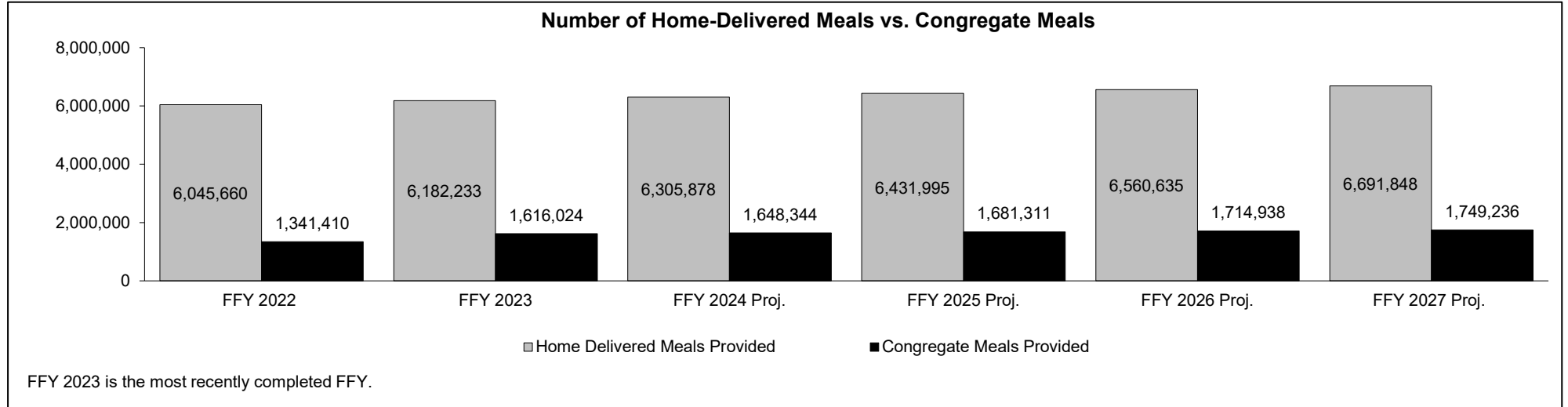
**Health and Senior Services**

**AB Section(s): 10.830**

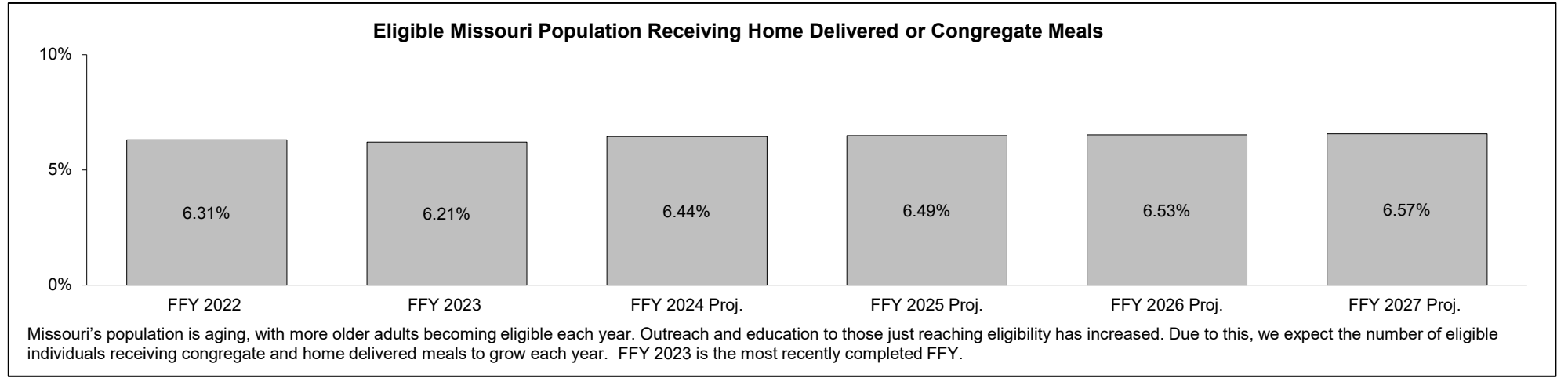
**Area Agencies on Aging**

**Program is found in the following core budget(s): Area Agencies on Aging**

**2c. Provide a measure(s) of the program's impact.**



**2c. Provide a measure(s) of the program's impact (continued).**



**PROGRAM DESCRIPTION**

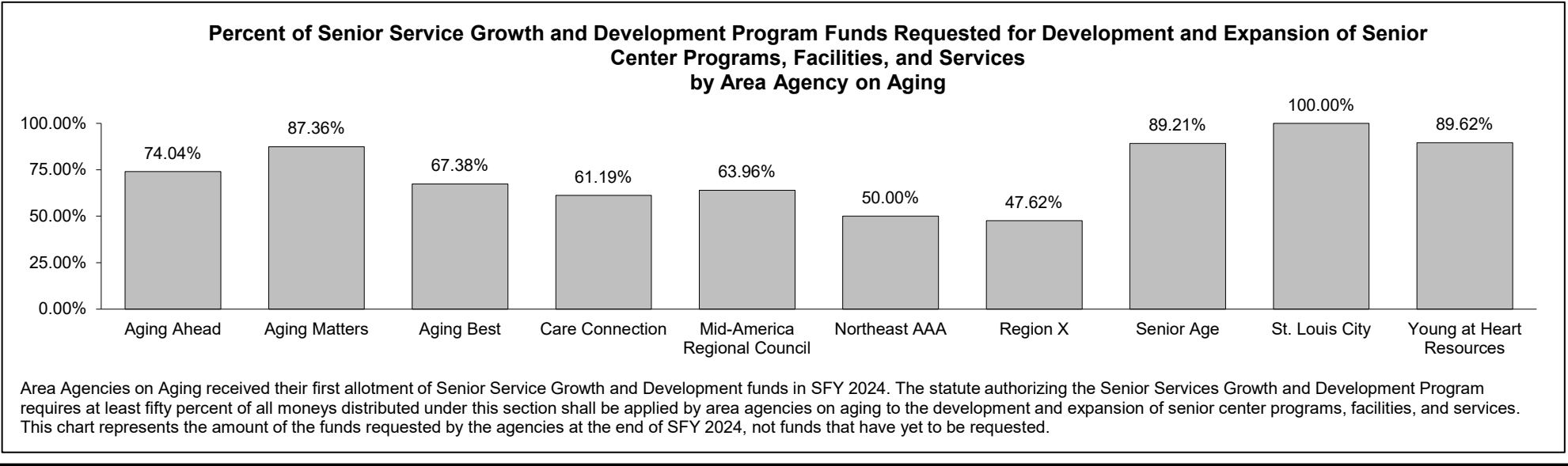
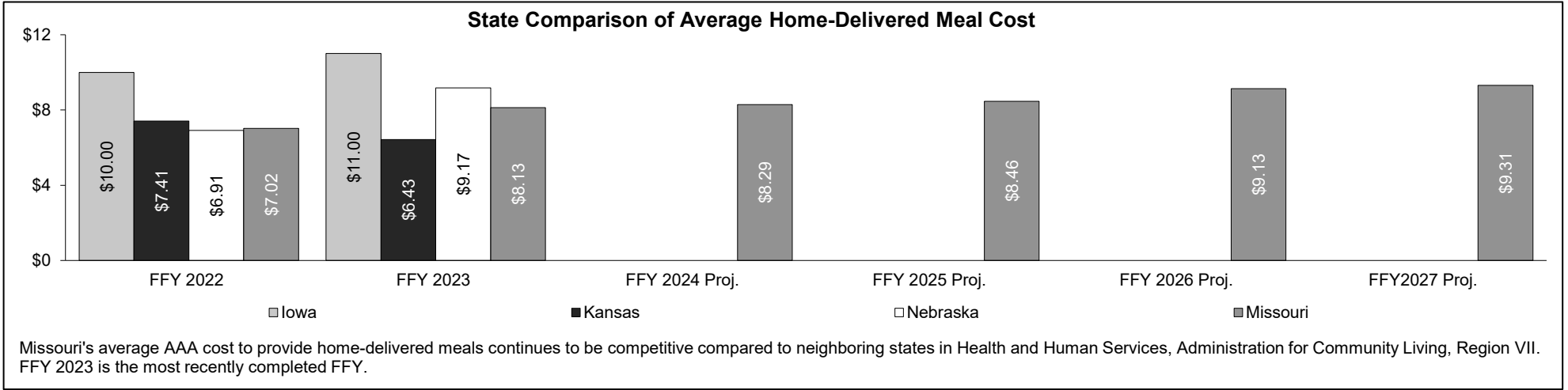
**Health and Senior Services**

**AB Section(s): 10.830**

**Area Agencies on Aging**

**Program is found in the following core budget(s): Area Agencies on Aging**

**2d. Provide a measure(s) of the program's efficiency.**





**PROGRAM DESCRIPTION**

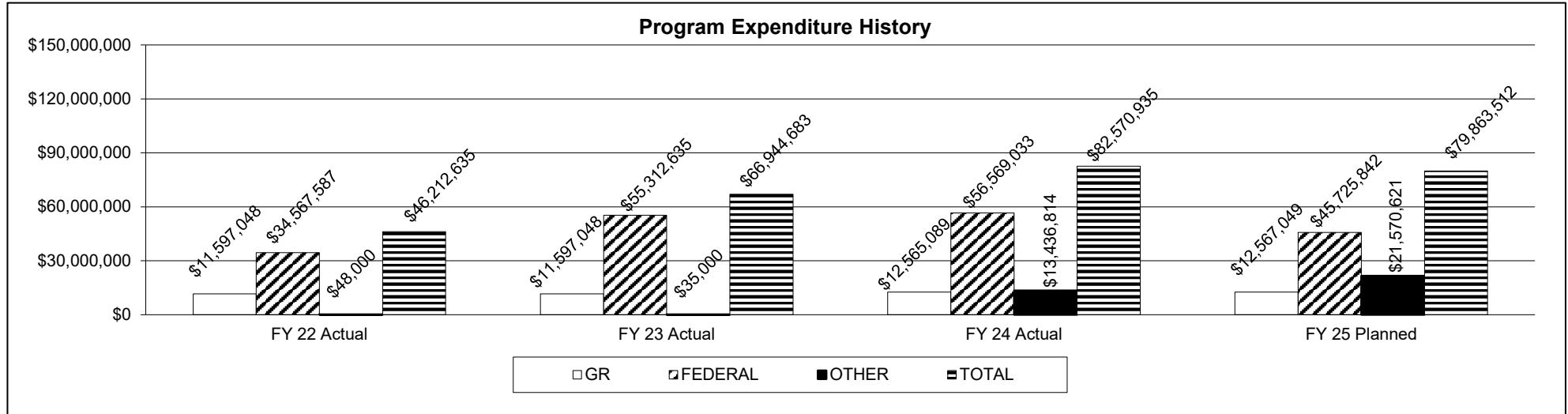
**Health and Senior Services**

AB Section(s): 10.830

**Area Agencies on Aging**

**Program is found in the following core budget(s): Area Agencies on Aging**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Elderly Home Delivered Meals Trust Fund (0296).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Chapter 192, RSMo. Federal Statutory or Regulatory Citation: Title XIX and Title XX of the Social Security Act and PL 114-144, Older Americans Reauthorization Act of 2016.

**6. Are there federal matching requirements? If yes, please explain.**

Yes, services funded through the Older Americans Act require matching funds. Title III administration and Title III-E family caregiver costs require a 25 percent match. Title III-B supportive program and Title III-C nutrition funding require 15 percent match of which five percent must be state match. No match is required for Title VII and the Nutrition Services Incentive Program (NSIP) funding.

**7. Is this a federally mandated program? If yes, please explain.**

Yes, oversight of federal funding is required for use of Older Americans Act funds, PL 116-131 (OAA)

**PROGRAM DESCRIPTION**

**Health and Senior Services**

**AB Section(s):** 10.835

**Alzheimer's Services**

**Program is found in the following core budget(s): Alzheimer's Services**

**1a. What strategic priority does this program address?**

Expand Access to Services and Plan for the Increase in the Aging Population.

**1b. What does this program do?**

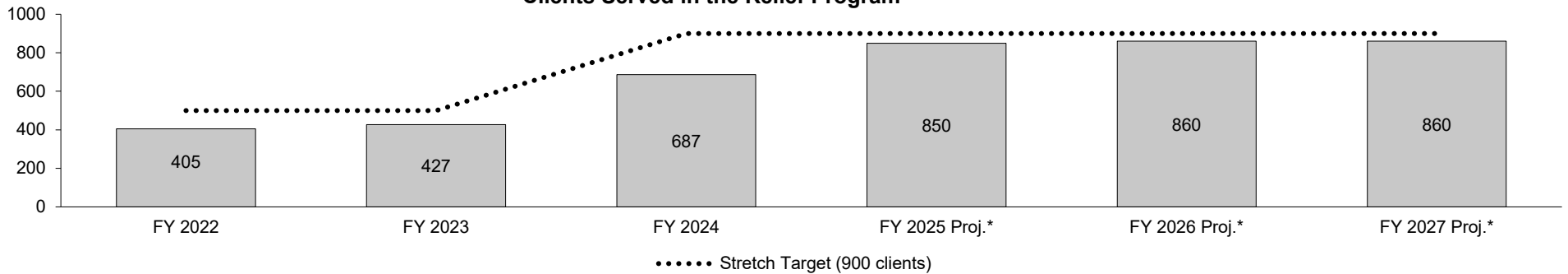
The Customized Caregiver Training and Relief program (known publicly as the Missouri Caregiver Program) offers training through assessment, care coordination, referrals, safety equipment, and learning modules for caregivers; offers relief through assessment, care coordination, referrals, supportive products and respite care; and assistive technology to help monitor and maintain the safety of individuals with dementia in the home.

The primary goal of this program is to support efforts to decrease premature institutionalization of individuals diagnosed with Alzheimer's disease and related dementias by reducing caregiver stress, helping caregivers cope, and ensuring the safety of the caregivers' loved ones through respite services and/or in-home caregiver training and supports for the caregiver.

The Alzheimer's Association estimated the number of Missourians 65 and older with Alzheimer's disease was 122,300 in 2020, which represents 11.2% of our older adult population. An estimated 223,000 caregivers provide \$6,478,000,000 in unpaid care for Missourians each year.

**2a. Provide an activity measure(s) for the program.**

**Clients Served in the Relief Program**



\*Additional funding was appropriated for the Customized Caregiver Training and Relief Program in SFY 2024 and again in SFY 2025. These funds were/will be used for additional units of service in respite and relief and assistive technology to support caregivers and their care recipients at home. The increase in clients for FY 2024, and the projected increase in FY 2025 and beyond, is the result of the addition of assistive technology services and increased funding for these services.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

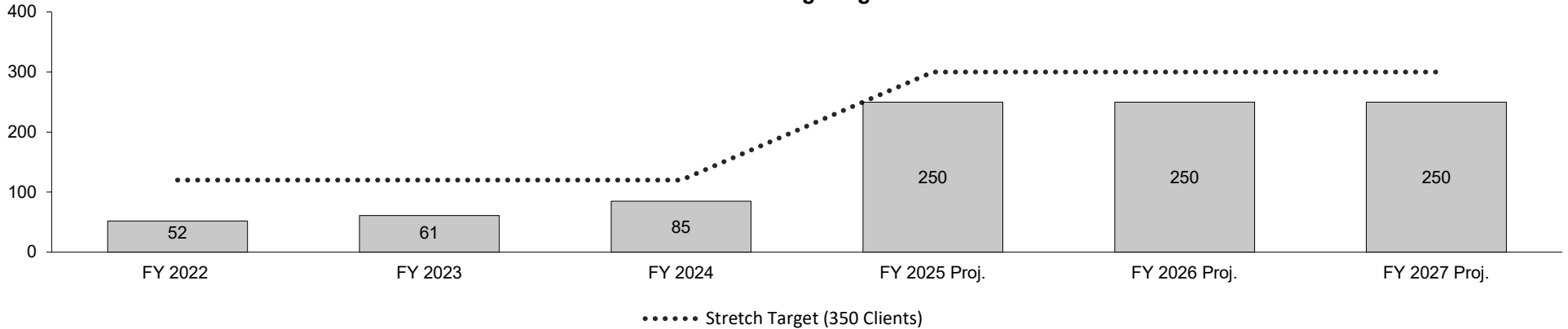
**AB Section(s): 10.835**

**Alzheimer's Services**

**Program is found in the following core budget(s): Alzheimer's Services**

**2a. Provide an activity measure(s) for the program. (continued)**

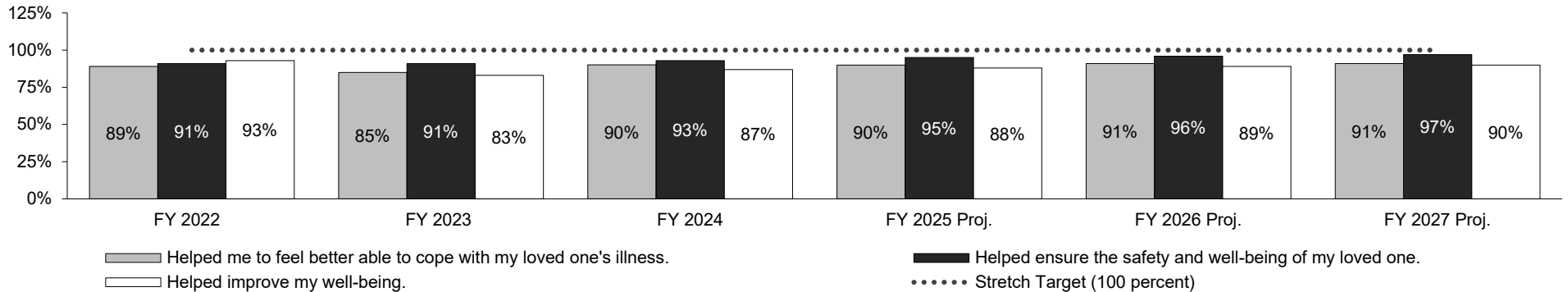
**Clients Served in the Training Program**



Prior to FY 2023, the subcontractor for this portion of the contract was unable to serve individuals outside of St. Louis and the surrounding counties. The contractor hired a Community Health Worker in FY 2023 to provide the services directly in the other regions of the state, but the onboarding and ramp-up to provide services was slow. With the addition of more funding in these areas, Community Health Worker time in the field will be increased and additional clients will be served.

**2b. Provide a measure(s) of the program's quality.**

**Caregiver Training and Relief Survey Results with Positive Responses**



The contractor, Community Asset Builders, surveyed all caregivers receiving relief or training provided by the program to determine if the services they received helped them cope with their loved one's illness; ensured the safety and well-being of their loved one; and improved their own well-being. The percentage of positive responses to each question are shown in the chart above.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

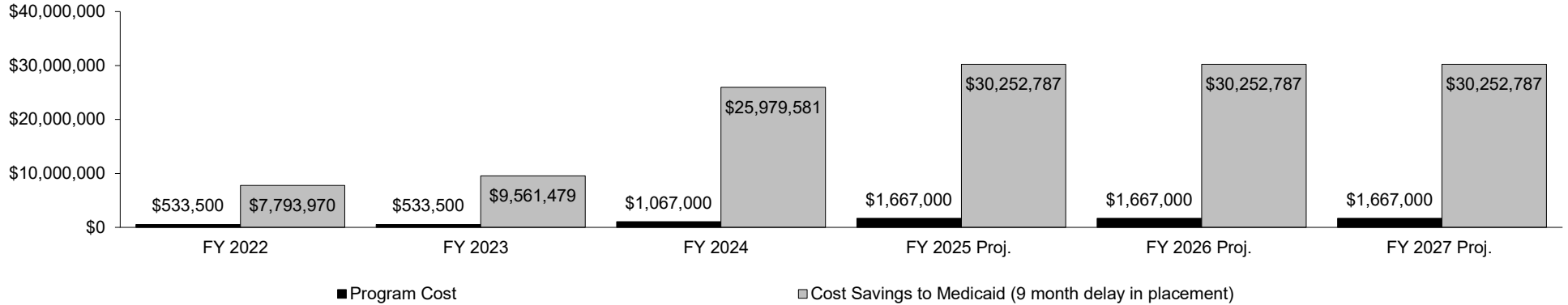
**AB Section(s): 10.835**

**Alzheimer's Services**

**Program is found in the following core budget(s): Alzheimer's Services**

**2c. Provide a measure(s) of the program's impact.**

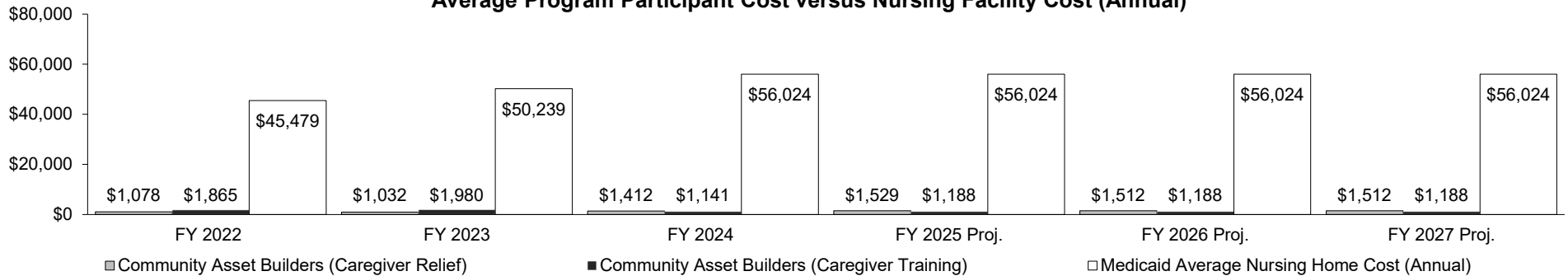
**Cost Savings to Medicaid Based on Average Delayed Institutional Placement**



Ninety percent of survey responses indicated that the program helped caregivers delay the placement of a loved one in a long-term care facility, with an average delay of at least nine months for those participants in the relief program. The average monthly cost of a nursing home in Missouri is \$4,668.64. The average Medicaid cost savings is based on nine months of nursing home care. Some participants may not be Medicaid eligible when first placed but could quickly become Medicaid eligible due to the high cost of dementia care in skilled nursing facilities. The sudden increases in savings from FY 2024 projected and beyond are due to additional funding, which will increase the number of caregivers able to be served.

**2d. Provide a measure(s) of the program's efficiency.**

**Average Program Participant Cost versus Nursing Facility Cost (Annual)**



The average annual cost per participant to provide in-home caregiver training and respite services for the loved one is substantially less than the amount it would cost if that loved one was placed in a long-term care facility. Some participants' loved ones may not be Medicaid eligible at first but could quickly become Medicaid eligible due to the high cost of Alzheimer's units in nursing facilities. The average cost per participant in both training and relief services decreases as the total number of participants increases due to economy of scale.

**PROGRAM DESCRIPTION**

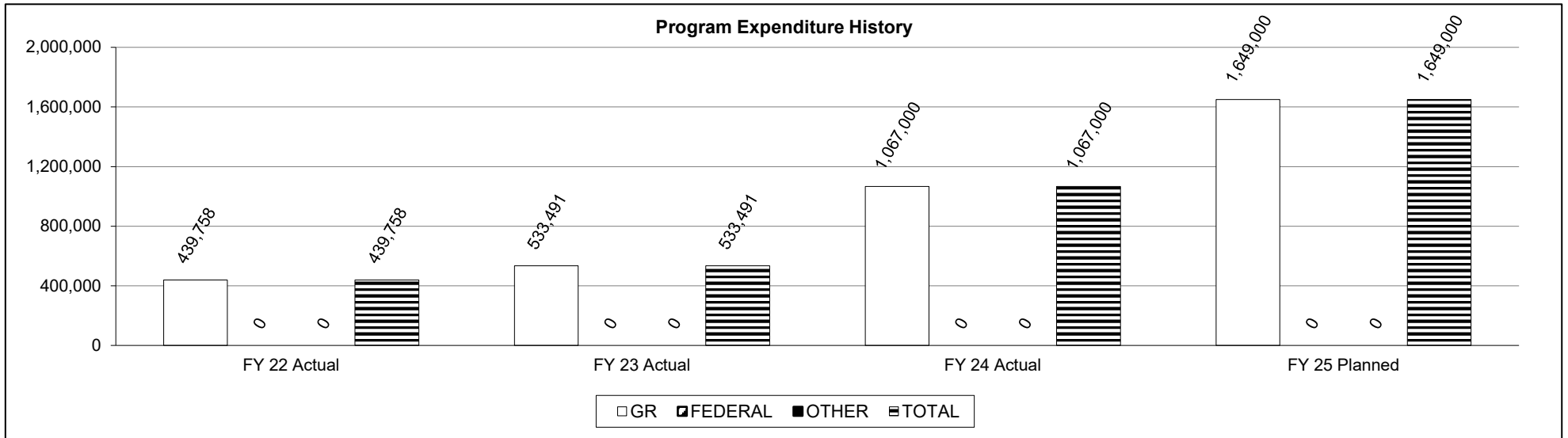
**Health and Senior Services**

**AB Section(s):** 10.835

**Alzheimer's Services**

**Program is found in the following core budget(s):** Alzheimer's Services

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Not applicable.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 192.2100 to 192.2110, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

**AB Section(s):** 10.840

**Senior Independent Living Program (SILP)**

**Program is found in the following core budget(s): Senior Independent Living Program (SILP)**

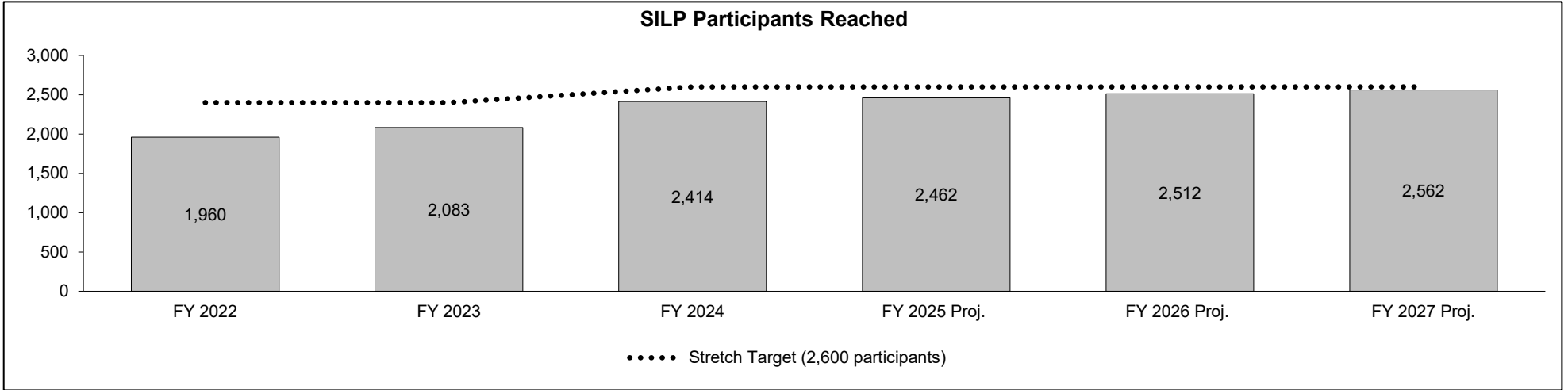
**1a. What strategic priority does this program address?**

Expand Access to Services and Plan for the Impact of the Aging Population.

**1b. What does this program do?**

The goal of the program is to improve the health and safety of Missourians aged 60 and over in five Senior Independent Living Programs (SILP) within the state: Jewish Federation of St. Louis in Creve Coeur (covering a three-mile radius of the Jewish Community Center Campus); A Caring Plus Foundation in Jennings (covering a two-mile radius from the center's location); Palestine Senior Center in Kansas City (covering a two-mile radius from the center's location); Aging Best SILP in Columbia (covering the second and fifth wards in Columbia); and Services for Independent Living (SIL) SILP in Columbia (covering the first and third wards in Columbia). The SILP program provides support to older adults living in urban areas with a population of seniors who have insufficient resources to age independently in their own homes.

**2a. Provide an activity measure(s) for the program.**



**PROGRAM DESCRIPTION**

**Health and Senior Services**

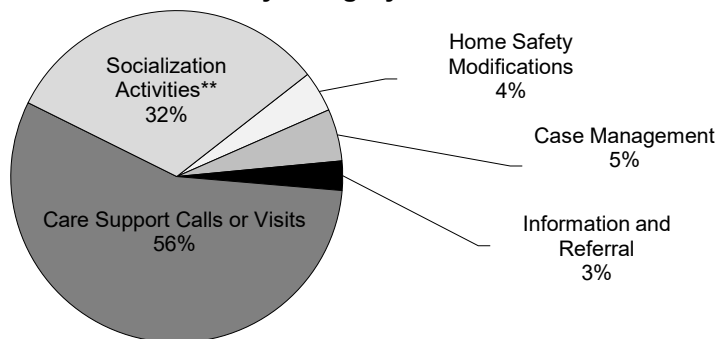
AB Section(s): 10.840

**Senior Independent Living Program (SILP)**

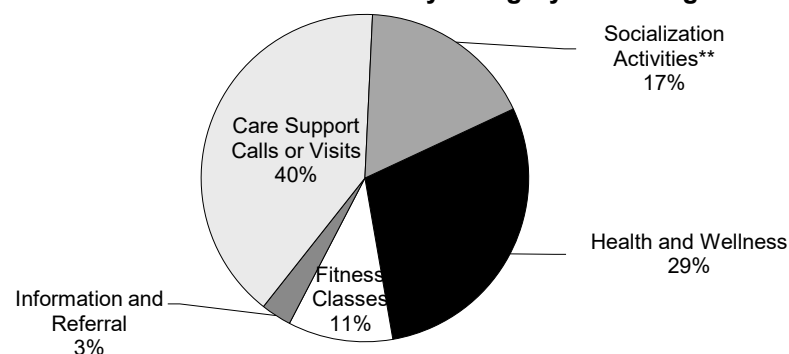
Program is found in the following core budget(s): **Senior Independent Living Program (SILP)**

**2b. Provide a measure(s) of the program's quality.**

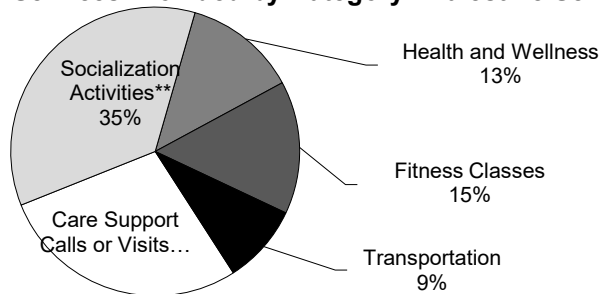
**\*FY 2024 Services Provided by Category - Jewish Federation**



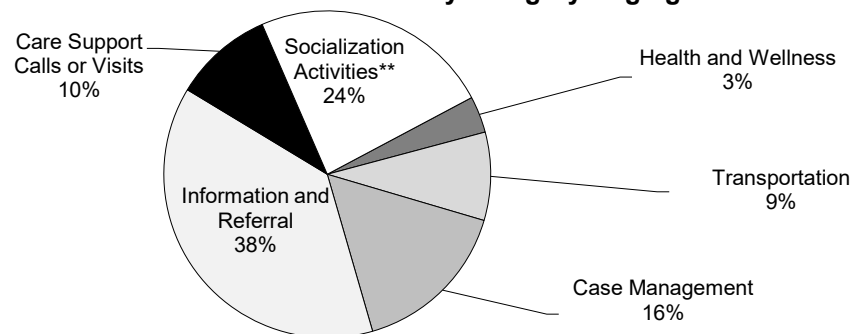
**\*FY 2024 Services Provided by Category - A Caring Plus**



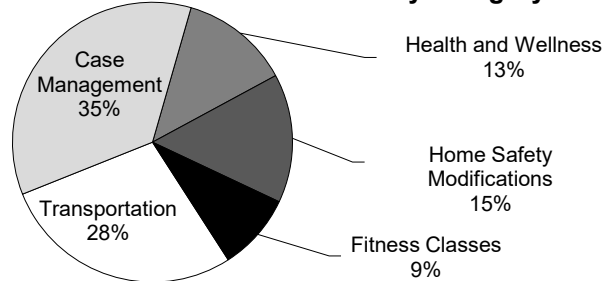
**\*FY 2024 Services Provided by Category - Palestine Senior Center**



**\*FY 2024 Services Provided by Category - Aging Best AAA**



**\*FY 2024 Services Provided by Category - SIL**



\*Each SILP provides the specific services needed to meet the individual needs of the eligible populations in their designated geographical areas. The most utilized services provided by each SILP in FY 2024 are listed by category in the five separate charts.

\*\*Socialization activities include book clubs, outings to events, movie nights, themed dinner nights, grandparent events, and other activities to provide opportunities for the older adults to be actively involved with others in their communities.

**PROGRAM DESCRIPTION**

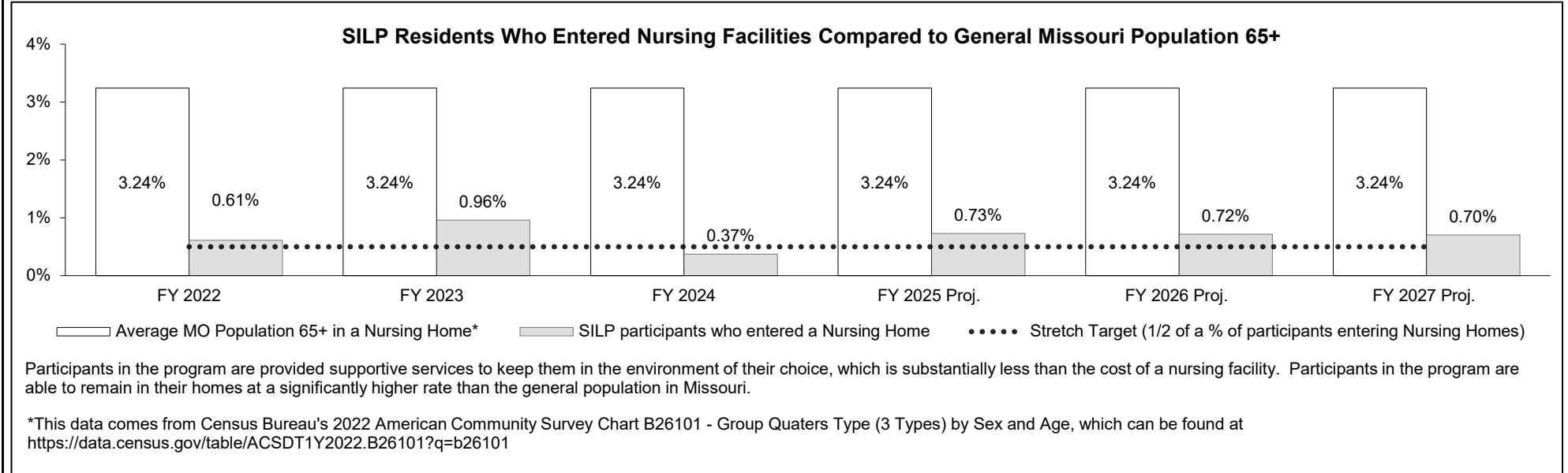
**Health and Senior Services**

AB Section(s): 10.840

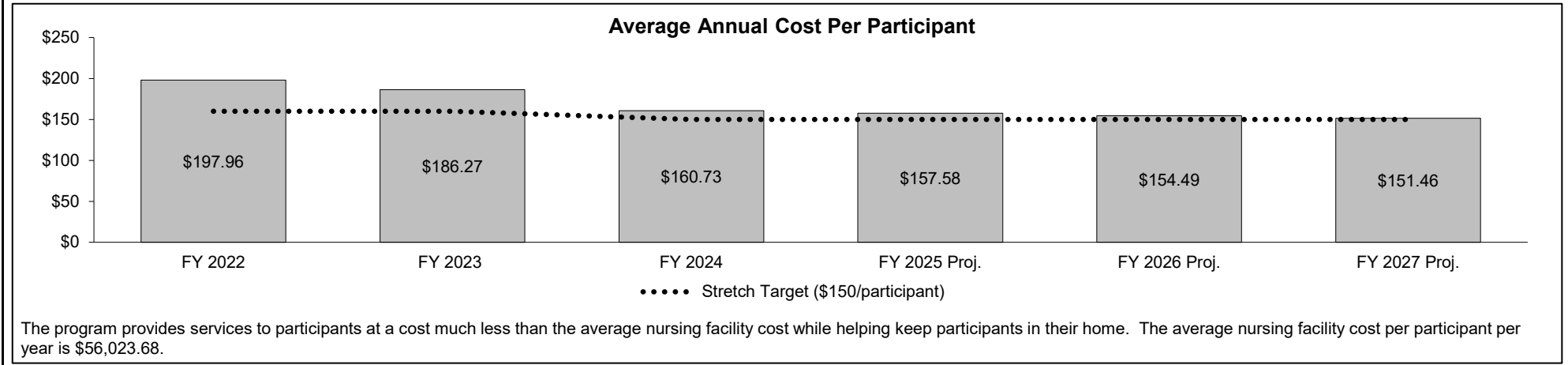
**Senior Independent Living Program (SILP)**

**Program is found in the following core budget(s): Senior Independent Living Program (SILP)**

**2c. Provide a measure(s) of the program's impact.**



**2d. Provide a measure(s) of the program's efficiency.**





**PROGRAM DESCRIPTION**

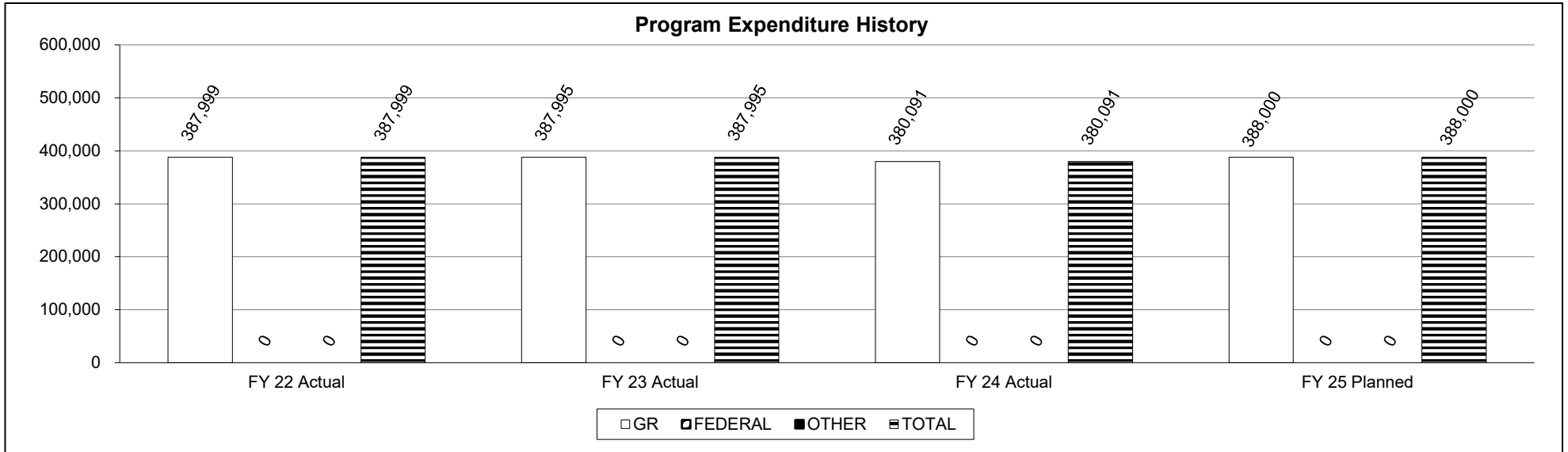
**Health and Senior Services**

AB Section(s): 10.840

**Senior Independent Living Program (SILP)**

**Program is found in the following core budget(s): Senior Independent Living Program (SILP)**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Not applicable.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Not applicable.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.

**PROGRAM DESCRIPTION**

**Health and Senior Services** **AB Section(s):** 10.845

**Naturalization Assistance**

**Program is found in the following core budget(s):** Naturalization Assistance

**1a. What strategic priority does this program address?**

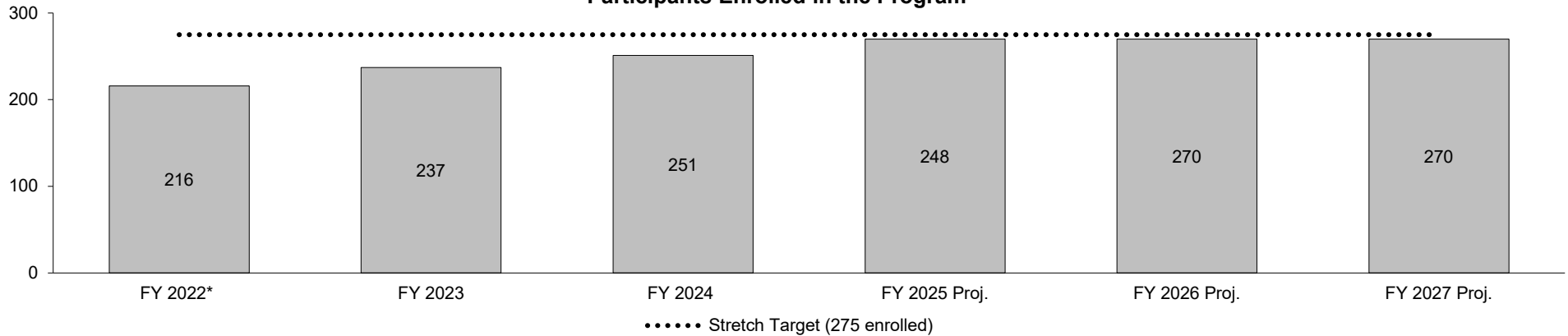
Expand Access to Services.

**1b. What does this program do?**

This program is currently delivered through a contract with Monarch Immigrant Services (formally known as Bilingual Interanational Assistant Services) to assist frail older adult immigrants and refugees throughout Missouri with the completion of the naturalization process. To be eligible, individuals must have lawfully resided in Missouri for at least five years and be unable to complete the standard naturalization process due to health barriers. Becoming a citizen allows these individuals to obtain federal benefits for which they would not otherwise qualify. These federal benefits relieve the financial obligation to state resources such as Medicaid.

**2a. Provide an activity measure(s) for the program.**

**Participants Enrolled in the Program**



\*FY 2022 was affected by COVID-19.  
Due to the length of the citizenship classes, participants can be enrolled for more than one program year.

## PROGRAM DESCRIPTION

**Health and Senior Services**

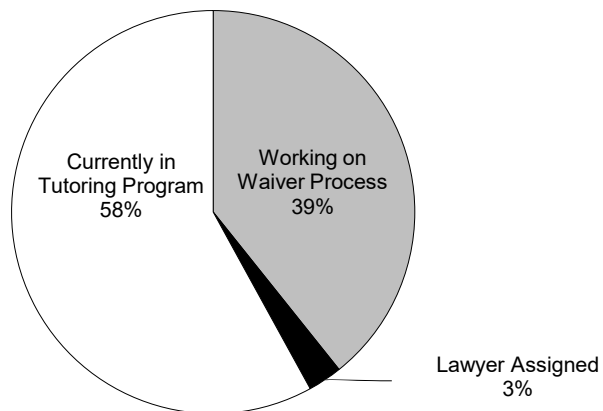
**AB Section(s):** 10.845

**Naturalization Assistance**

**Program is found in the following core budget(s):** Naturalization Assistance

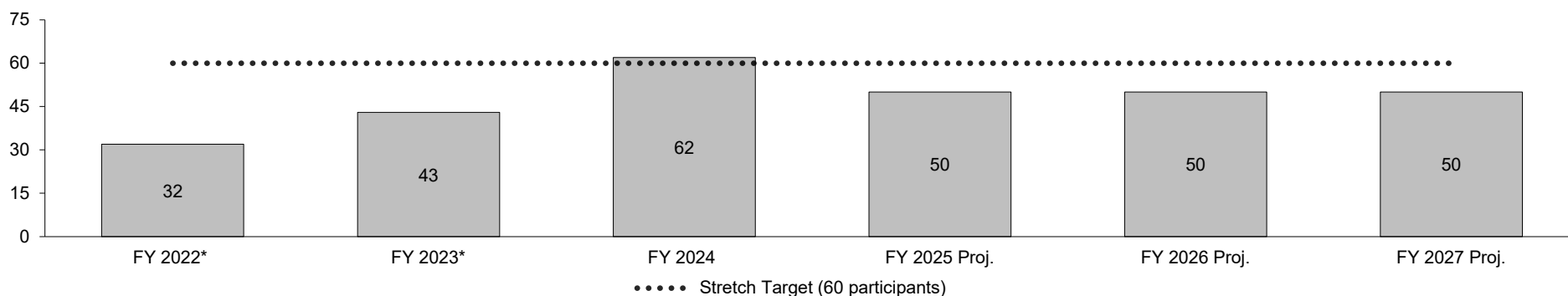
**2b. Provide a measure(s) of the program's quality.**

**FY 2024 PARTICIPANTS' PROGRESS TOWARDS NATURALIZATION**



The goal of the Naturalization Program is to help individuals attain United States citizenship. The average length of time a participant stays in the program is nine months, but due to the complexity of some cases, individuals could be in the program for more than one year. While in the program, participants are evaluated to determine if they will have the ability to take the citizenship test in English. If the participant is cognitively capable, they are enrolled in the tutoring track, where they improve their English and work on the skills needed to pass the citizenship test in English. If they are not able to learn English due to cognitive challenges, they are assisted in applying for a waiver which allows them to take the citizenship test in their native language. In rare cases, a person's health or reduced cognitive ability may be such that they are not able to take the citizenship test at all. In these cases, an attorney is hired to assist them in becoming naturalized. Participants can be moved from the tutoring track to waiver or attorney assistance if their needs change due to declining health or cognitive status.

**Participants Achieving Citizenship**



\*COVID-19 affected program enrollments and the ability to complete the naturalization interview to obtain citizenship during FY 2022 and FY 2023 due to the backlog of cases with the United States Citizen and Immigration Services. Because of the length of time it takes to complete the process of naturalization, only 20 to 25 percent of the participants complete the program during the year they enrolled; therefore, this measure generally includes participants from prior years. It is noteworthy that the majority of participants complete the citizenship process in year two.

FY 2024 included the completion of citizenship backlog that had occurred with the United States Citizen and Immigration Services during the pandemic. FY 2025 is projected to fall back to the normal rate.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

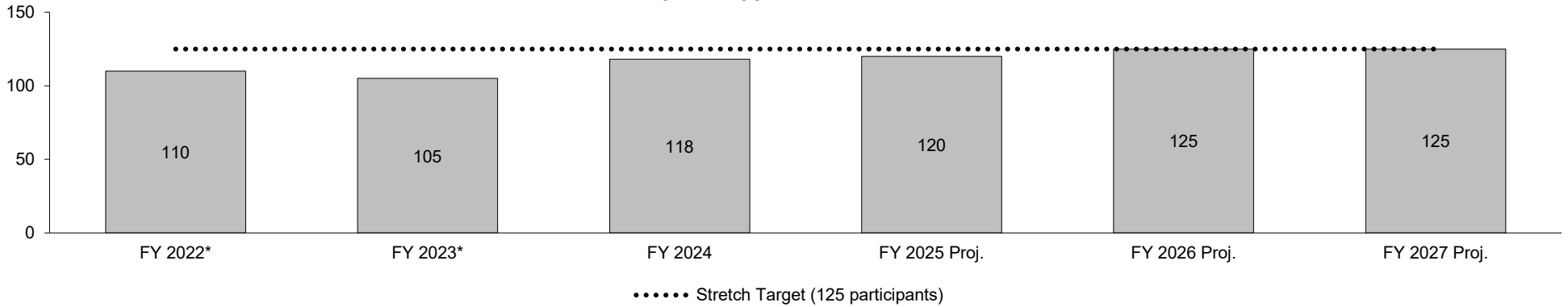
AB Section(s): 10.845

**Naturalization Assistance**

**Program is found in the following core budget(s): Naturalization Assistance**

**2c. Provide a measure(s) of the program's impact.**

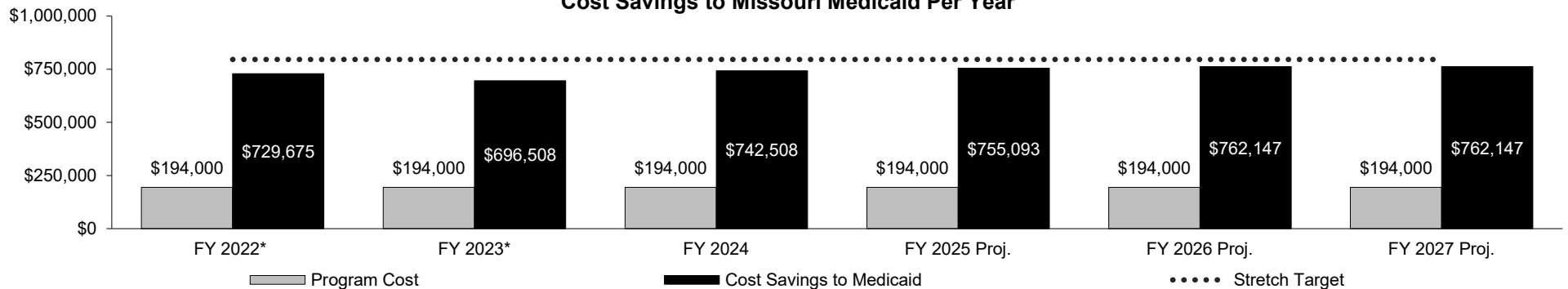
**Participants Approved for Medicare**



\*COVID-19 affected enrollments in the program for FY 2022 and FY 2023. In addition, due to COVID-19 closures and backlogs with the United States Citizenship and Immigration Services offices, fewer individuals were able to complete the citizenship oath in FY 2022 and FY 2023. The inability to attend or participate in citizenship classes and attain citizenship resulted in refugees and legal immigrants being unable to access federal benefits, including Medicare. Lack of SSI and Medicare results in heavy dependence on state resources such as MO HealthNet (Medicaid) as the only source of coverage. This program assists eligible participants in applying for Medicare, reducing the reliance on Missouri's resources.

**2d. Provide a measure(s) of the program's efficiency.**

**Cost Savings to Missouri Medicaid Per Year**

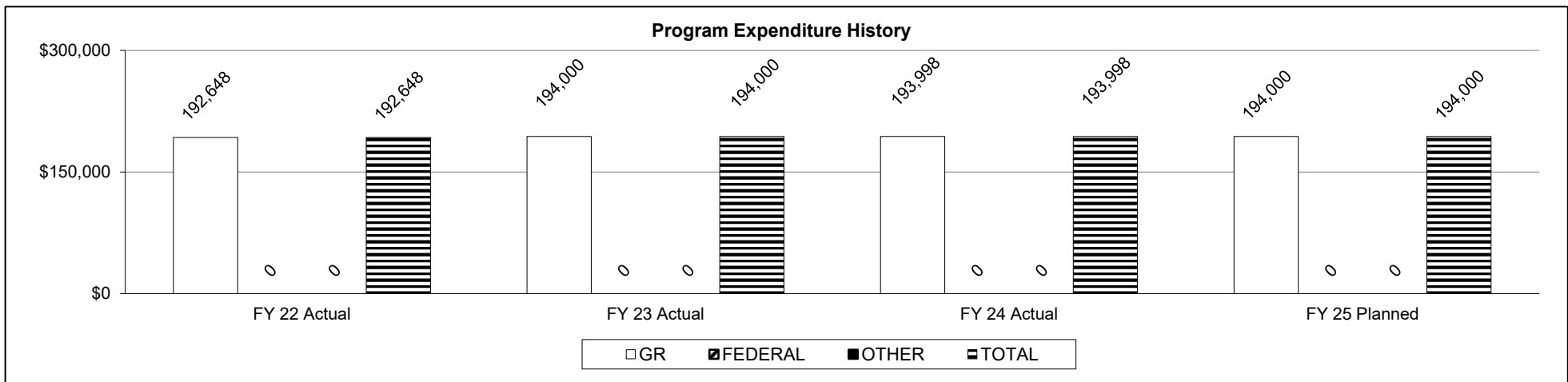


\*COVID-19 affected enrollments in the program for FY 2022 and FY 2023. Once an individual receives Medicare, Medicare becomes the primary pay source relieving the state's Medicaid cost burden. The chart above represents the estimated annual cost savings to Missouri once an individual is approved for Medicare and Medicaid becomes the secondary payer. This cost savings would continue for each year the individual is a resident of Missouri.

**PROGRAM DESCRIPTION**

**Health and Senior Services** AB Section(s): 10.845  
**Naturalization Assistance**  
 Program is found in the following core budget(s): **Naturalization Assistance**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Not applicable.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Not applicable.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.



## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.900

**Regulation and Licensure Program and Operations**

**Program is found in the following core budget(s):** Regulation and Licensure Program and Operations

**1a. What strategic priority does this program address?**

Develop a framework to apply process improvement strategies to licensing and regulation procedures.

**1b. What does this program do?**

The Division of Regulation and Licensure (DRL) coordinates the health care regulation and licensing programs within the Department. The Division houses the Section for Long Term Care Regulation (SLCR); Section for Health Standards and Licensure (HSL), which includes the bureaus of Narcotics and Dangerous Drugs (BNDD), Home Care and Rehabilitative Standards (HCRS), Diagnostic Services (BDS), Hospital Standards (BHS), and Ambulatory Care (BAC); Family Care Safety Registry (FCSR); Board of Nursing Home Administrators (BNHA); Certificate of Need (CON); Supplemental Health Care Services Agency (SHCSA) Regulation; and the Section for Specialty Systems of Care, which includes the Bureau of Emergency Medical Services (EMS) and the Time Critical Diagnosis (TCD) program. The programs within the DRL provide the following services/functions:

- SLCR - conducts annual inspections, along complaint investigations as received, in long term care facilities, intermediate care facilities for individuals with intellectual disabilities, and adult day care centers to ensure state and/or federal health and safety requirements are met. The Section also administers the certified nurse assistant, certified medication technician, and level one medication aide programs and reviews pre-admission documents to ensure Medicaid required level of care requirements are met.
- HSL - conducts inspections and investigates allegations of noncompliance within hospitals, Home Health Agencies, Hospice Agencies, Outpatient Physical Therapy (OPT) Facilities, Comprehensive Outpatient Rehabilitative Facilities (CORF), Ambulatory Surgical Centers (ASC), End Stage Renal Dialysis (ESRD) Facilities, Clinical Laboratory Improvement Amendments (CLIA) Labs, Rural Health Clinics, mammography equipment, and radiology equipment in order to ensure compliance with state and federal regulations, while providing quality care and protecting/promoting the rights of the patients receiving care. Through BNDD, the section maintains a registry of all entities and individuals that conduct activities with controlled substances; manages the statewide pseudoephedrine tracking database; issues waivers from mandatory electronic prescribing laws; identifies diversion or misuse of controlled substances; and administers the Prescription Monitoring Program.
- FCSR - provides no cost background screenings to assist employers and families with determining if a potential caregiver represents a risk to vulnerable person(s) in care. The results of the screenings enable employers or families to rule out those who may represent risk. Caregivers for children, seniors, and disabled persons are required to register within fifteen days of hire. FCSR collects a one-time registration fee that is deposited in the Criminal Record System Fund administered by the Department of Public Safety.
- BNHA - evaluates applicant's qualifications for licensure, issues licenses, and renews licenses of qualified licensees; promulgates regulations that establish qualifications for licensure, testing standards, and license renewal requirements of licensed administrators in a skilled, intermediate care, assisted living, or residential care facility that follows the residential care facility II regulations; and conducts hearings affording due process of law, upon charges calling for discipline of a licensee.
- CON - reviews proposals for new and additional long-term care beds, major medical equipment, and new hospitals. Approval by the Missouri Health Facilities Review Committee is required before an applicant may proceed with their proposal or obtain licensure. CON also collects LTC occupancy quarterly.
- SHCSA - since October of 2023, reviews and approves registrations for health care staffing agencies annually that provide temporary health care personnel in a hospital and/or long term care facility. Conduct annual inspections of each registered SHCSA to verify compliance of agency and personnel documentation and investigate complaints filed on an SHCSA. Quarterly, collect detailed reports from each registered agency outlining average personnel charges to a health care facility that is Medicare/Medicaid certified and the agency's average pay to each personnel.

## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.900

**Regulation and Licensure Program and Operations**

**Program is found in the following core budget(s):** Regulation and Licensure Program and Operations

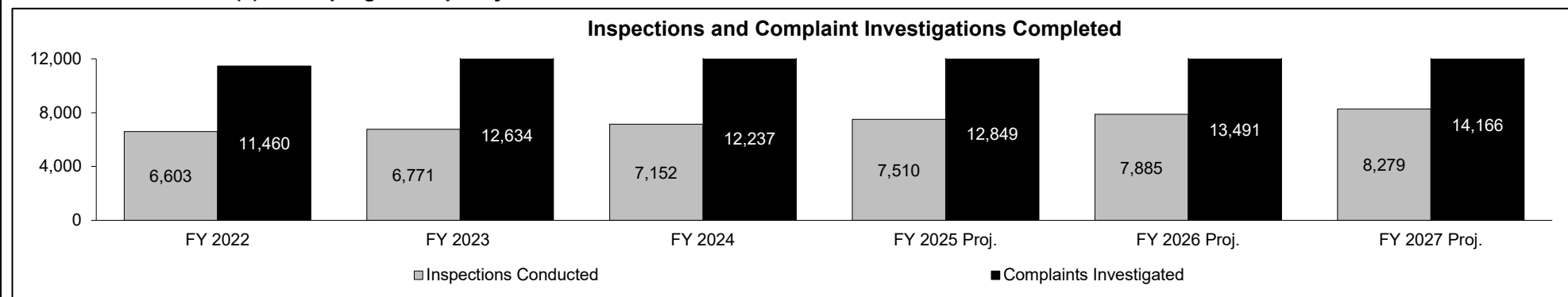
**1b. What does this program do? (continued)**

• Specialty Systems of Care - through the Bureau of EMS, the section assures all levels of EMS related services personnel comply with minimum education, training, treatment, and operational standards; investigates complaints related to EMS personnel and practices; assures patient care reporting meets state and national data collection and integration standards; and will begin providing grants to high need schools to promote cardiac emergency response plans in FY 2025. This Section also includes the TCD program, which has a separate appropriation.

**2a. Provide an activity measure(s) for the program.**

Services Provided by the Division of Regulation and Licensure in FY 2024			
SLCR Annual Inspections Conducted	921	SLCR Complaints Received and Investigated	8,214
BNDD Registrants	36,061	BNDD Registrant Prescription Investigations	2,768
EMS Personnel Initial Licensed	1,962	EMS Personnel Relicensed	2,085
EMS Services Initial Licensed	9	EMS Services Relicensed	97
HCRS Regulated Agencies	318	BDS Regulated Agencies	11,289
BAC Regulated Agencies	283	BHS Regulated Agencies	167
BHS Complains Reviewed	1,672	BHS Complaints Investigated	174
FCSR Background Requests Processed	592,273	FCSR Registrations Processed	102,637
BNHA Applications for Licensure	383	BNHA New Licenses Issued	135
BNHA Administrator Exams	393	BNHA Licenses Renewed	599
SHCSA Regulated Agencies	232	SHCSA Non-Compliant Agencies	39 known
SHCSA Registrations Not Issued or Suspended due to Non-Compliance			14

**2b. Provide a measure(s) of the program's quality.**





**PROGRAM DESCRIPTION**

**Health and Senior Services**

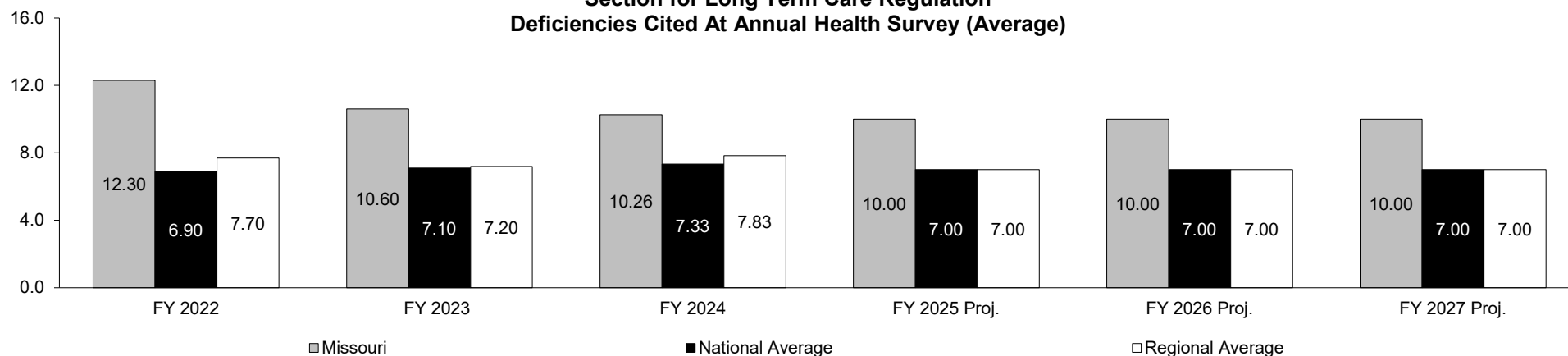
**AB Section(s):** 10.900

**Regulation and Licensure Program and Operations**

**Program is found in the following core budget(s):** Regulation and Licensure Program and Operations

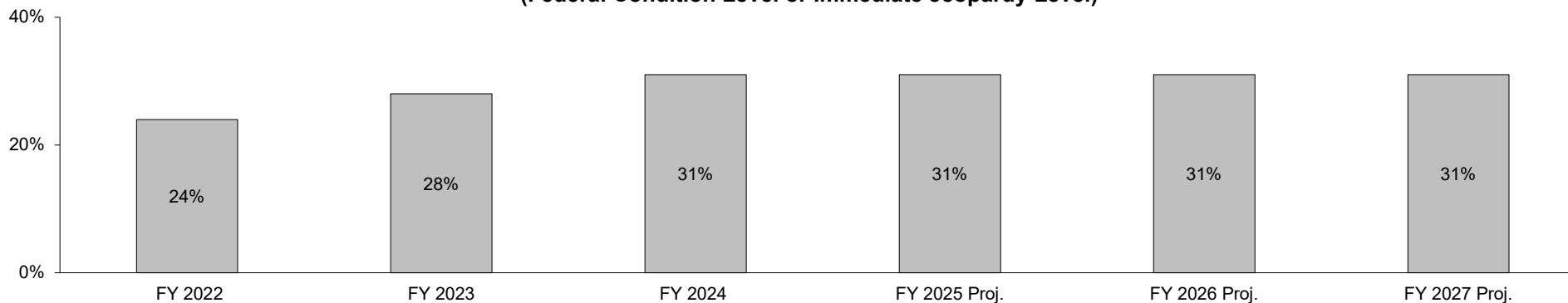
**2c. Provide a measure(s) of the program's impact.**

**Section for Long Term Care Regulation  
Deficiencies Cited At Annual Health Survey (Average)**



Although deficiencies cited are evidence effectiveness, the Section for Long Term Care Regulation does not set targets or quotas.

**Hospitals Inspected with Significant Deficiencies  
(Federal Condition Level or Immediate Jeopardy Level)**



Although cited deficiencies are evidence of effectiveness and impact, the Bureau of Hospital Standards does not set targets or quotas.

**PROGRAM DESCRIPTION**

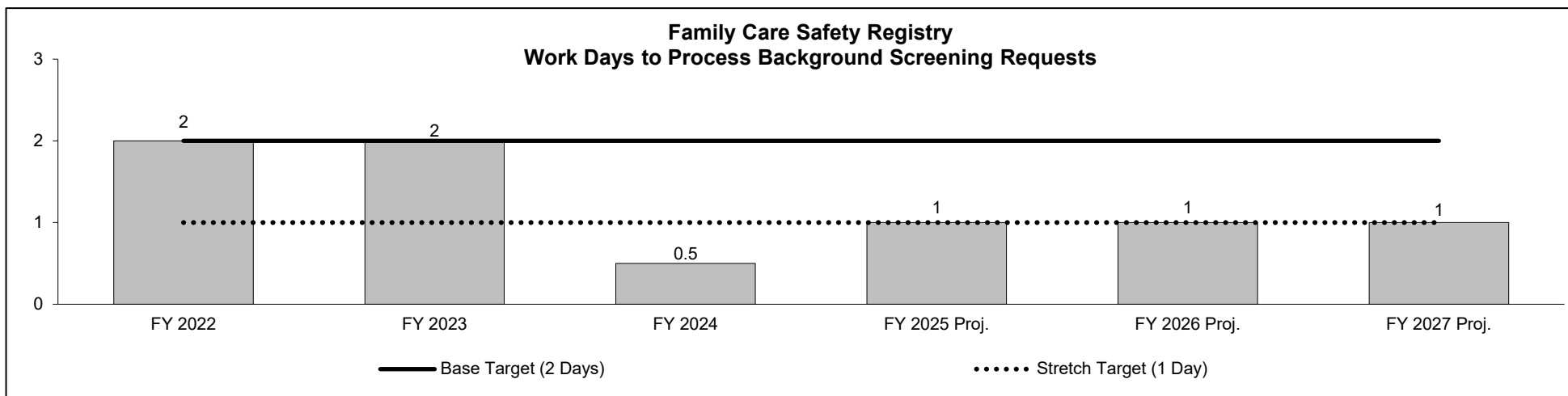
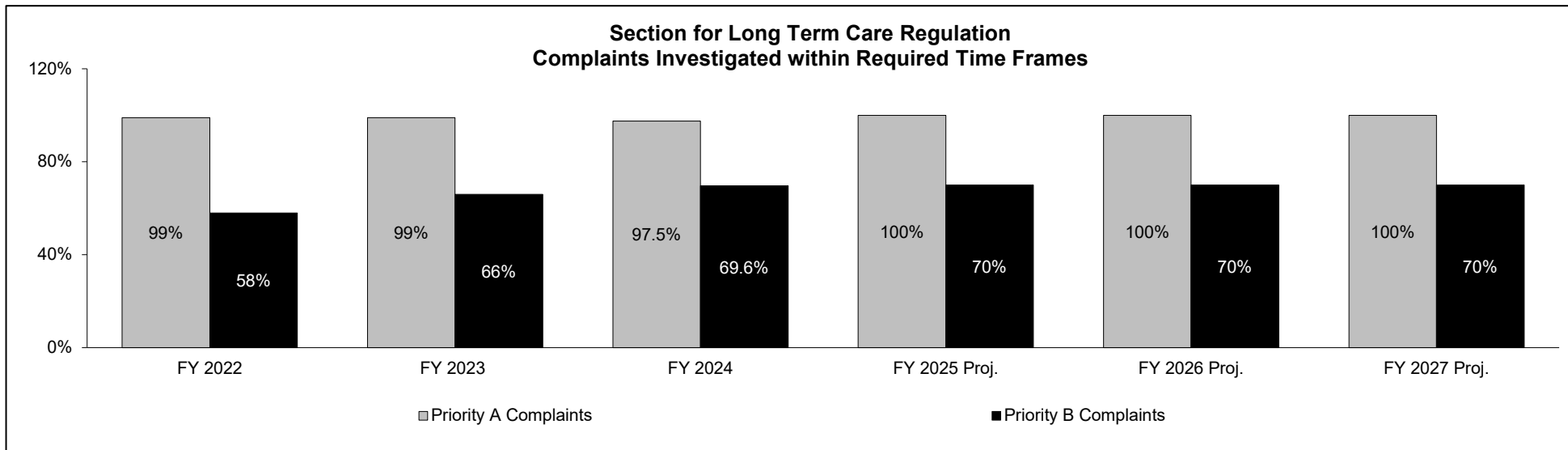
**Health and Senior Services**

**AB Section(s):** 10.900

**Regulation and Licensure Program and Operations**

**Program is found in the following core budget(s):** Regulation and Licensure Program and Operations

**2d. Provide a measure(s) of the program's efficiency.**



FCSR requests are projected to increase due to an expanded universe of individuals who must be screened due to the elimination of other screening options.

**PROGRAM DESCRIPTION**

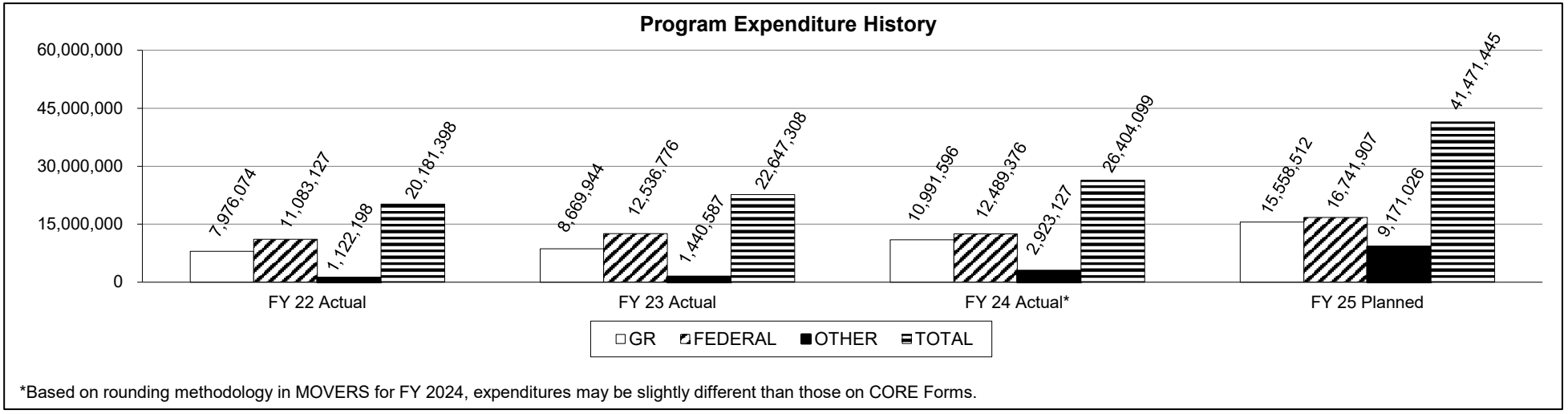
**Health and Senior Services**

**AB Section(s):** 10.900

**Regulation and Licensure Program and Operations**

**Program is found in the following core budget(s):** Regulation and Licensure Program and Operations

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



## PROGRAM DESCRIPTION

**Health and Senior Services**

**AB Section(s):** 10.900

**Regulation and Licensure Program and Operations**

**Program is found in the following core budget(s):** Regulation and Licensure Program and Operations

**4. What are the sources of the "Other " funds?**

Nursing Facility Federal Reimbursement Allowance (1196); Nursing Facility Quality of Care (1271); Health Access Incentive (1276); Mammography (1293); Budget Stabilization Fund (1522); and Opioid Addiction Treatment and Recovery Fund (1705).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 198.003 to 198.186, 198.500 to 198.528, 198.532 to 198.545, 192.2000, 192.2490, 192.2495 to 192.2500, and 192.2200 to 192.2260, RSMo; Federal Statutory and Regulatory Citations: Sections 1819, 1864, 1902, and 1919 of the Social Security Act and 42 CFR 488.1 to 488.456, 42 CFR Part 483, 42 CFR Part 488 Subpart E, 42 CFR 483.400 (Chapter IV, Subpart 1), 42 CFR 483.150, 42 CFR Chapter IV, Part 456, Subpart F, and 42 CFR 483.20(m); Chapter 197, RSMo; Sections 1861, 1864, 1891, and 1902 of the Social Security Act; 42 CFR 484.1 to 484.260; 42 CFR 418.1 to 418.405; 42 CFR 485.701 to 485.729; and 42 CFR 485.50 to 485.74 Federal Statutory and Regulatory Citations: Section 1864 of the Social Security Act; Mammography Quality Standards Act and 21 CFR 900.1 to 900.25; 42 CFR 488.1 to 488.211; 42 CFR 416.1 to 42 CFR 416.52; Clinical Laboratory Improvement Act Amendments; 42 CFR 493.1 to 493.2001; 42 CFR 482.1 to 482.104; and 42 CFR 494.1 to 494.180; Sections 195.005 through 195.425, RSMo; Federal Statutory or Regulatory Citation: 21 USC 823 and 958 and 21 CFR 1301.14; Sections 190.185 and 190.241, RSMo (TCD program); Sections 197.010 to 197.120, RSMo (hospitals); Sections 197.285 to 197.297, RSMo (operation and management of hospitals); Sections 197.700 to 197.705, RSMo (medical staffing for licensed facilities); and Sections 197.150 to 197.165 and 197.293 to 197.294, RSMo (infection control). Federal Statutory and Regulatory Citations: Section 1864 of the Social Security Act and 42 CFR 482.1 to 482.104 (hospitals); Chapter 344, RSMo; Sections 210.900 to 210.936, RSMo; Sections 190.001 to 190.248, 190.255 and 190.525 to 190.621, RSMo.; Sections 198.640 to 198.648 RSMo (SHCSA)

**6. Are there federal matching requirements? If yes, please explain.**

Yes, the Division is required to match Medicaid (Title XIX) funds; the state match ranges from 25 to 50 percent.

**7. Is this a federally mandated program? If yes, please explain.**

Yes. The Section for Long-Term Care Regulation is mandated by the Social Security Act to certify and inspect all long-term care facilities qualified to participate in the Medicaid/Medicare programs. The hospital regulation program (BHS) is mandated, and Missouri operates under a federal agreement to perform the regulatory services required under this program. The federal government has guidelines as to the frequency of surveys performed by the Section for Health Standards and Licensure to assure compliance. Each provider type has different federal mandates for survey frequency. Complaint investigations are conducted as needed. BNHA is mandated by Social Security Act-Section 1819(d)(1)(C), (e)(4), and (f)(4); Section 1902(a)(29); Section 1908; and Section 1919(d)(1)(C), (e)(4), and (f)(4); 42 CFR 431.700-431.715.

**PROGRAM DESCRIPTION**

**Health and Senior Services** AB Section(s): 10.900

**Time Critical Diagnosis**

**Program is found in the following core budget(s): Time Critical Diagnosis**

**1a. What strategic priority does this program address?**

Develop a Framework to Apply Process Improvement Strategies to Licensing and Regulation Procedures.

**1b. What does this program do?**

The Time Critical Diagnosis (TCD) program is a state-only volunteer program that designates hospitals, based on tier levels, as a Trauma, Stroke, or ST-segment elevation myocardial infarction (STEMI) center. The program seeks to ensure that critically ill patients suffering from trauma, stroke, and certain types of heart attack (STEMI) are transported to a hospital that has the capacity to treat them most effectively.

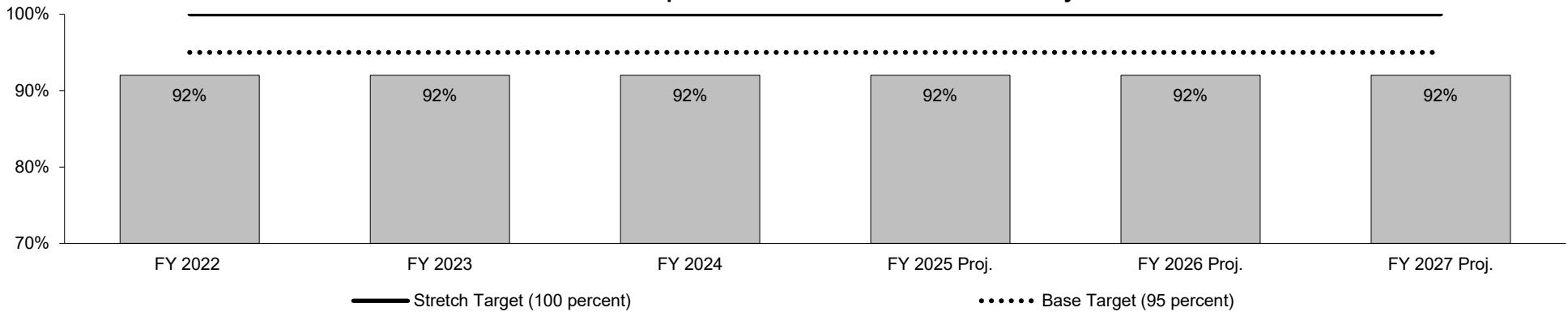
**2a. Provide an activity measure(s) for the program.**

**Agencies Regulated by TCD**

Fiscal Year	Trauma	Stroke	STEMI
FY 2022	29	72	58
FY 2023	29	72	58
FY 2024	28	73	58
FY 2025 Proj	29	75	61
FY 2026 Proj.	29	75	63
FY 2027 Proj.	30	78	65

**2b. Provide a measure(s) of the program's quality.**

**Favorable Response on Customer Satisfaction Survey**



Time Critical Diagnosis (TCD) began sending customer surveys in the 4th quarter of FY 2018 the limited number of responses were highly positive, however, TCD does not expect as many responses to be favorable in the future due to the nature of the work.

**PROGRAM DESCRIPTION**

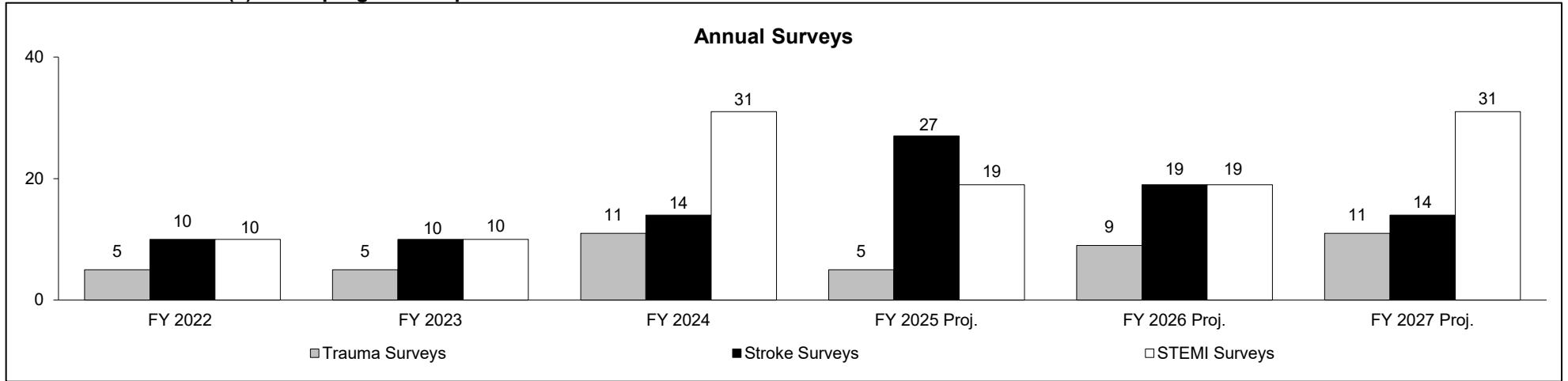
**Health and Senior Services**

AB Section(s): 10.900

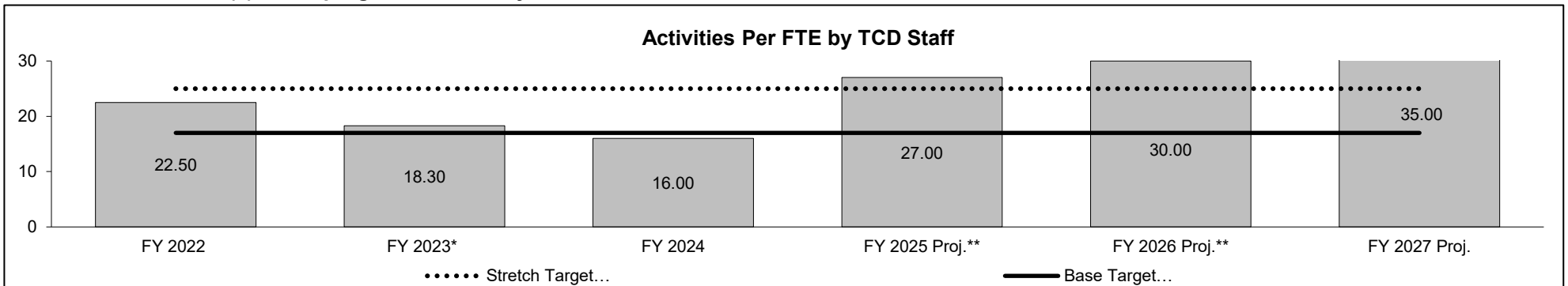
**Time Critical Diagnosis**

**Program is found in the following core budget(s): Time Critical Diagnosis**

**2c. Provide a measure(s) of the program's impact.**



**2d. Provide a measure(s) of the program's efficiency.**



An activity can include an initial survey, follow-up survey, inspection, complaint investigation, etc. Work load is dependent on contracted reviewers.

\* FY 2023 had increased activity due to the FY 2022 COVID-19 back-log of hospital surveys. The TCD Unit increased FTE nurse staff from 1.5 to 3 FTE in FY 2023, more evenly distributing the workload. HB 2331 passed in 2022, which changed all survey activity to every 3 years.

\*\* Projections for FY 2025 and FY 2026 are decreased due to the completion of the COVID-19 back-log surveys. TCD anticipates another surge of workload in FY 2026 with the new 3 year survey requirement.

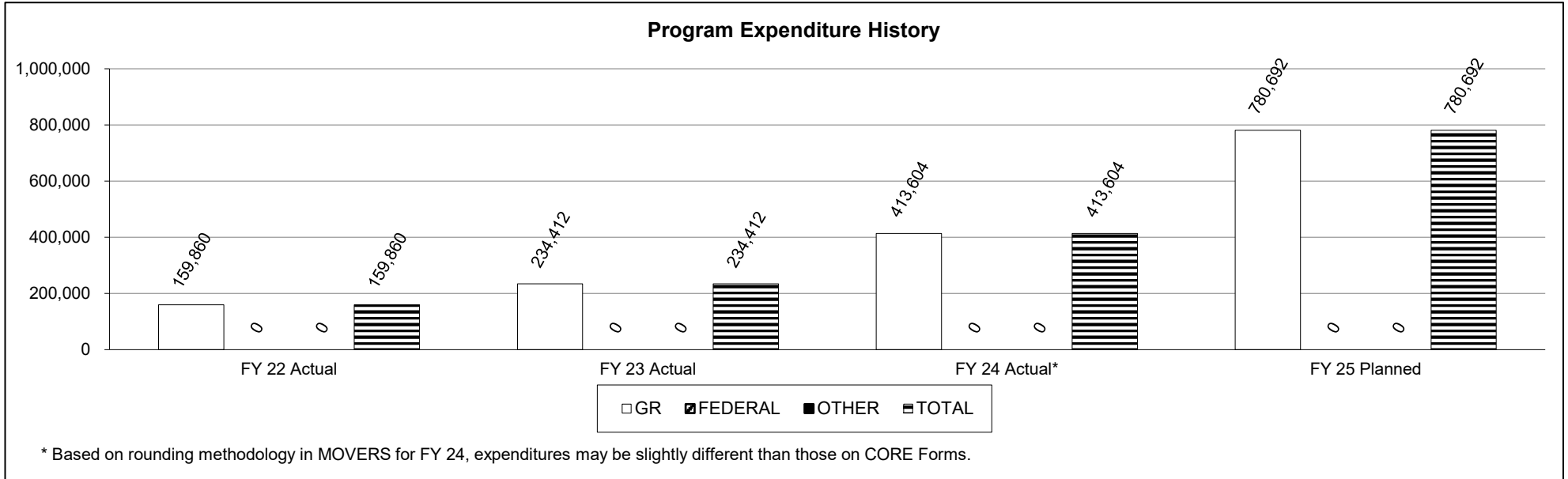
**PROGRAM DESCRIPTION**

**Health and Senior Services** AB Section(s): 10.900

**Time Critical Diagnosis**

**Program is found in the following core budget(s): Time Critical Diagnosis**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Not applicable.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 190.185 and 190.241, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.

## PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.901</u>																												
<b>Long Term Care Regulation QIPMO</b>																													
<b>Program is found in the following core budget(s): Long Term Care Regulation-QIPMO</b>																													
<p><b>1a. What strategic priority does this program address?</b>          Build and Strengthen Partnerships - Support resource sharing and collaboration between public health, health care and direct service providers.</p> <p><b>1b. What does this program do?</b>          The Quality Improvement Program for Missouri (QIPMO) is a cooperative service of the Department of Health and Senior Services (DHSS) and the University of Missouri Sinclair School of Nursing. The service provides long-term care nursing facility staff with technical assistance and support separate from the DHSS survey process. The Sinclair School of Nursing utilizes gerontological nurse experts to work directly with long-term care nursing facility staff to help them learn best clinical practices, improve care delivery, and improve the outcomes for nursing home residents. Since its inception, a major focus is assisting staff to effectively apply the Resident Assessment Instrument (RAI) process to clinical care; then improve the quality of clinical care through monitoring process and outcomes with Quality Measures/Indicators (QM/QI) derived from the Nursing Home Minimum Data Set (MDS).</p> <p>An additional component of QIPMO is the Leadership Coaching for Nursing Home Administrators program. This program was created to assist nursing home administrators and key operational leaders in meeting the leadership challenges of the long-term care industry. The services offered focus on helping administrators deal effectively with the complex management issues faced each day in the business and personnel operations of long-term care facilities.</p> <p>QIPMO contacts include: Onsite and Offsite consultation and education related to antipsychotic use among long-term care nursing facilities, how to obtain and use federal Quality Measures (QM) and Certification and Survey Provider Enhanced Reports (CASPER) reports, sharing of best practices in all areas affecting clinical care to long-term care nursing facilities, assistance with correction of nursing and clinical issues identified by facilities and/or DHSS staff, and any other needs identified by the facility. Contacts may also include education and training related to life safety code, emergency preparedness, leadership skills, and any other need identified by the facility or DHSS. Contacts may be individual or in a group setting. Contacts may be performed by Registered Nurses or Leadership Coaches who are Licensed Nursing Home Administrators.</p> <p><b>2a. Provide an activity measure(s) for the program.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="4" style="text-align: center;">Services Provided by the QIPMO Program</th> </tr> <tr> <th style="text-align: center;">Service</th> <th style="text-align: center;">FY 2022</th> <th style="text-align: center;">FY 2023</th> <th style="text-align: center;">FY 2024</th> </tr> </thead> <tbody> <tr> <td>RAI/MDS Workshops</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> <tr> <td>DMS Support Group Meetings</td> <td style="text-align: center;">12</td> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> </tr> <tr> <td>QIPMO Leadership Coach Contacts</td> <td style="text-align: center;">60</td> <td style="text-align: center;">25</td> <td style="text-align: center;">60</td> </tr> <tr> <td>Webinars</td> <td style="text-align: center;">6,164</td> <td style="text-align: center;">6,550</td> <td style="text-align: center;">4,862</td> </tr> <tr> <td>QIPMO Nurse Contacts</td> <td style="text-align: center;">1,916</td> <td style="text-align: center;">1,858</td> <td style="text-align: center;">1,952</td> </tr> </tbody> </table>		Services Provided by the QIPMO Program				Service	FY 2022	FY 2023	FY 2024	RAI/MDS Workshops	4	4	4	DMS Support Group Meetings	12	11	12	QIPMO Leadership Coach Contacts	60	25	60	Webinars	6,164	6,550	4,862	QIPMO Nurse Contacts	1,916	1,858	1,952
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**PROGRAM DESCRIPTION**

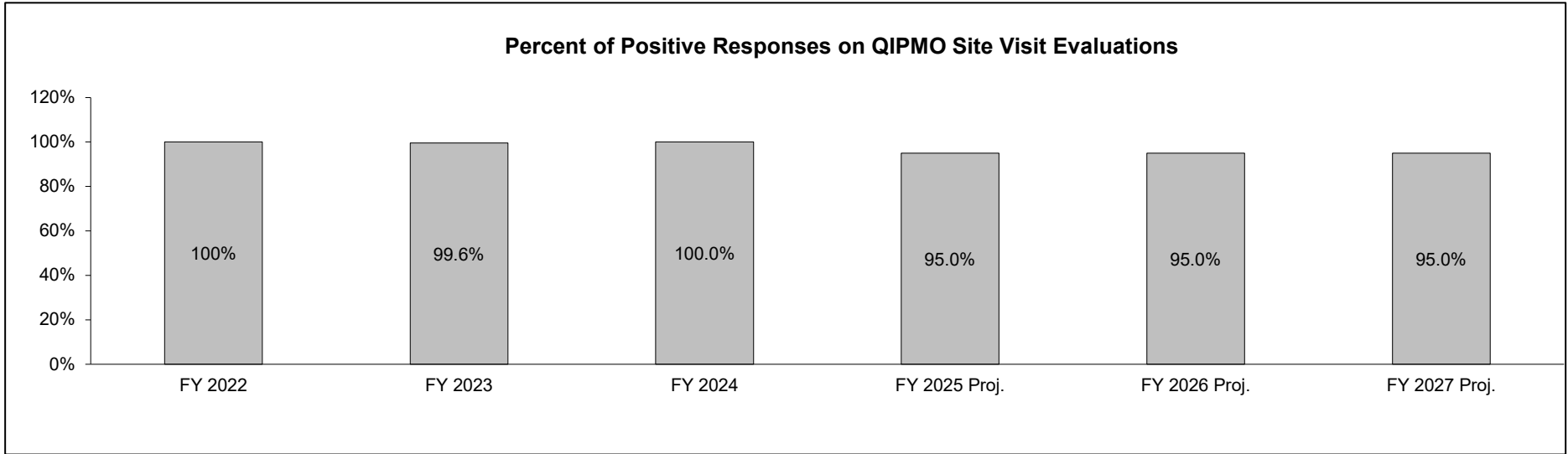
**Health and Senior Services**

**AB Section(s):** 10.901

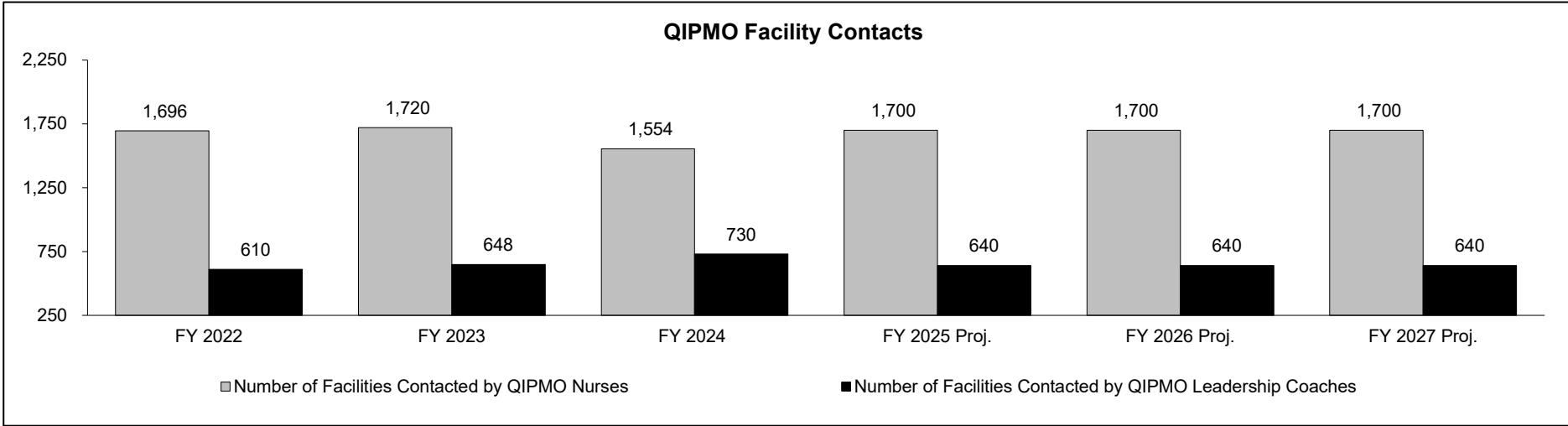
**Long Term Care Regulation QIPMO**

**Program is found in the following core budget(s): Long Term Care Regulation-QIPMO**

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



**PROGRAM DESCRIPTION**

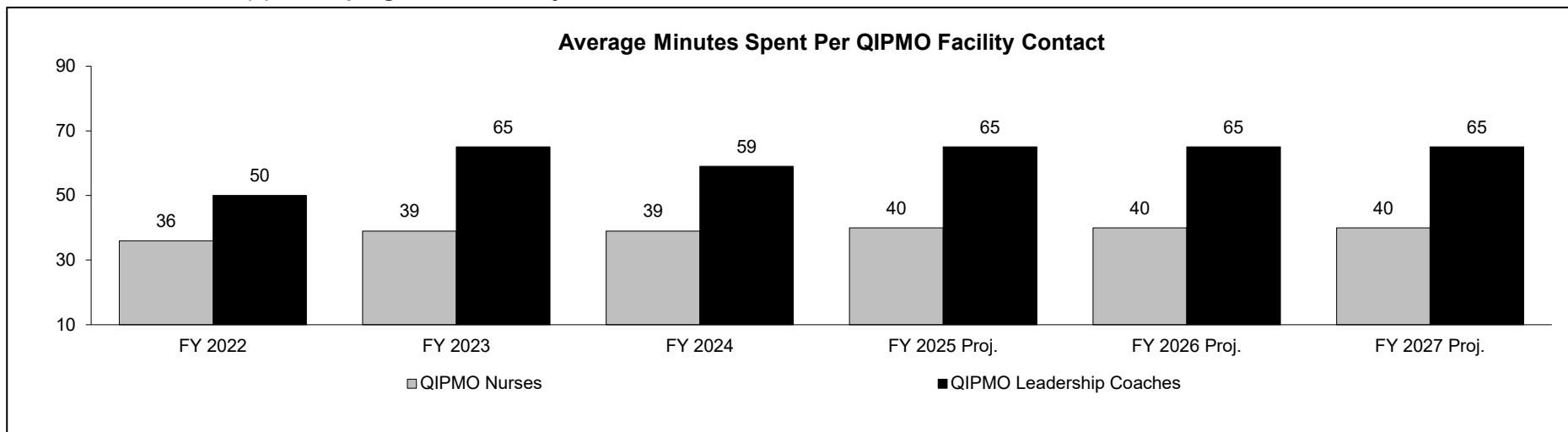
**Health and Senior Services**

AB Section(s): 10.901

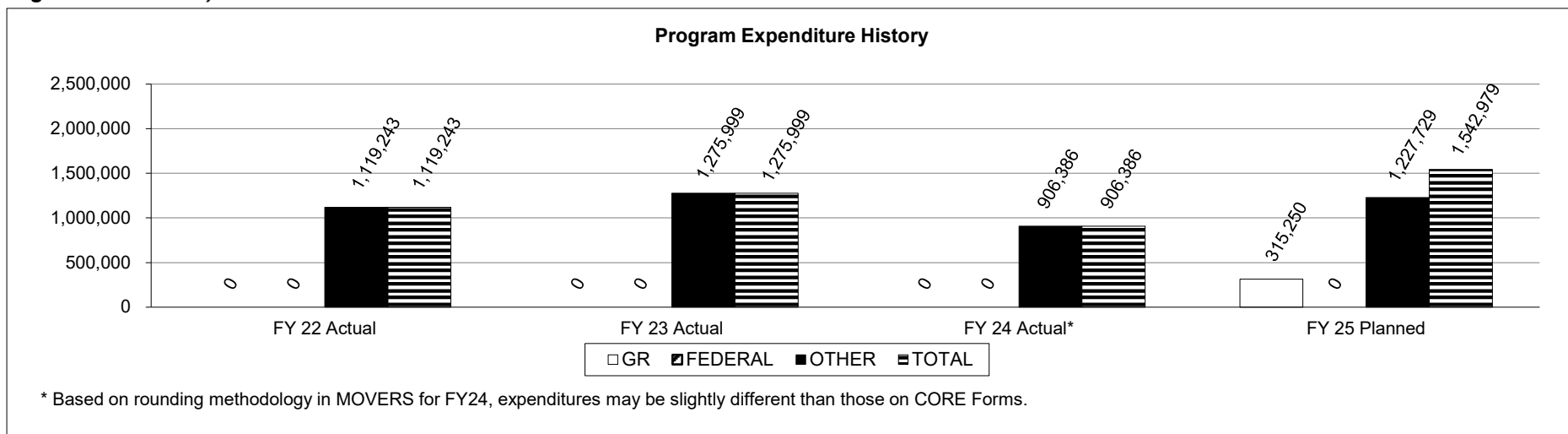
**Long Term Care Regulation QIPMO**

Program is found in the following core budget(s): **Long Term Care Regulation-QIPMO**

**2d. Provide a measure(s) of the program's efficiency.**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



PROGRAM DESCRIPTION

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.901</u>
<b>Long Term Care Regulation QIPMO</b>	
<b>Program is found in the following core budget(s): Long Term Care Regulation-QIPMO</b>	
<b>4. What are the sources of the "Other " funds?</b> Nursing Facility Federal Reimbursement Allowance (1196).	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Section 198, RSMo.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> No.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> No.	



**PROGRAM DESCRIPTION**

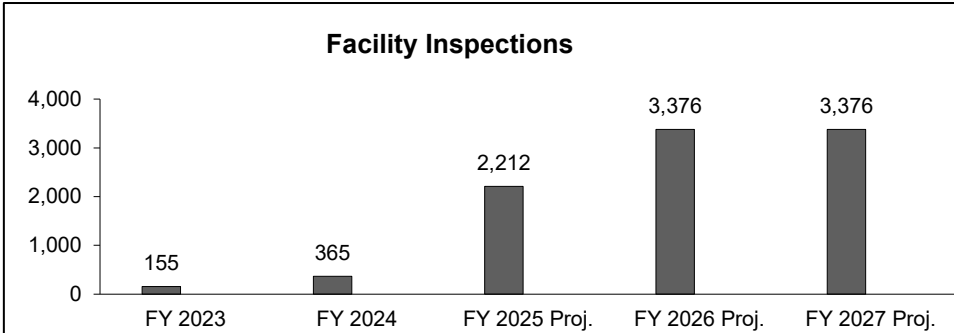
<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.905</u>
<b>Adult Use Cannabis</b>	
<b>Program is found in the following core budget(s):</b> <u>Adult Use Cannabis</u>	

**1a. What strategic priority does this program address?**  
 Develop a Framework to Apply Process Improvement Strategies to Licensing and Regulation Procedures.

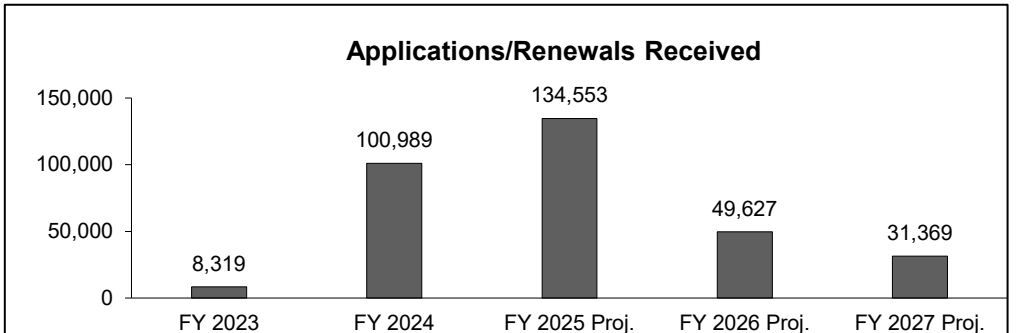
**1b. What does this program do?**  
 The Division of Cannabis Regulation issues and regulates licenses for marijuana facilities that serve both medical and adult use populations of cannabis consumers. To ensure access for qualifying medical patients and consumers, the division performs such duties as:

- Processing business change applications for licensee ownership, transfers, location changes and Department issued cards such as agent IDs and personal consumer cultivation cards.
- Process and approve microbusiness applications.
- Auditing, inspecting, and investigating licenses for compliance with applicable rules related to license ownership, facility operations, etc.
- Provide guidance and education for licensees, Department-issued card holders, and the public.
- Investigate licensee, Department-issued card holder, and physician complaints.
- Enforce licensee and Department-issued card holder violations of applicable rules and the constitution.
- Process and approve licensee's product, packaging, and labeling for compliance with applicable rules.
- Contract management, program evaluation, and annual reporting.
- Develop plans and annual reporting as required by law.

**2a. Provide an activity measure(s) for the program.**



In FY 2023 and FY 2024 the addition of Adult Use marijuana caused emphasis on inspections for new location, new licenses, shared space, new space and change use. In FY 2025 and beyond, inspections will also include four inspections per facility per year, including microbusinesses.



Application types include cultivation, dispensary and manufacturing facilities along with testing lab, seed-to-sale, personal consumer cultivation, transportation facilities, business change request, variance requests and agent ID requests. FY 2024 and FY 2025 figures also include microbusiness applications.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

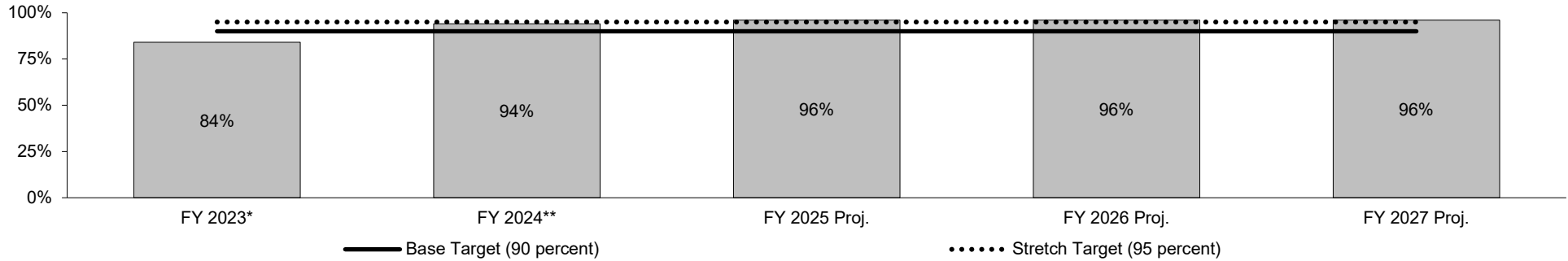
**AB Section(s):** 10.905

**Adult Use Cannabis**

**Program is found in the following core budget(s):** Adult Use Cannabis

**2b. Provide a measure(s) of the program's quality.**

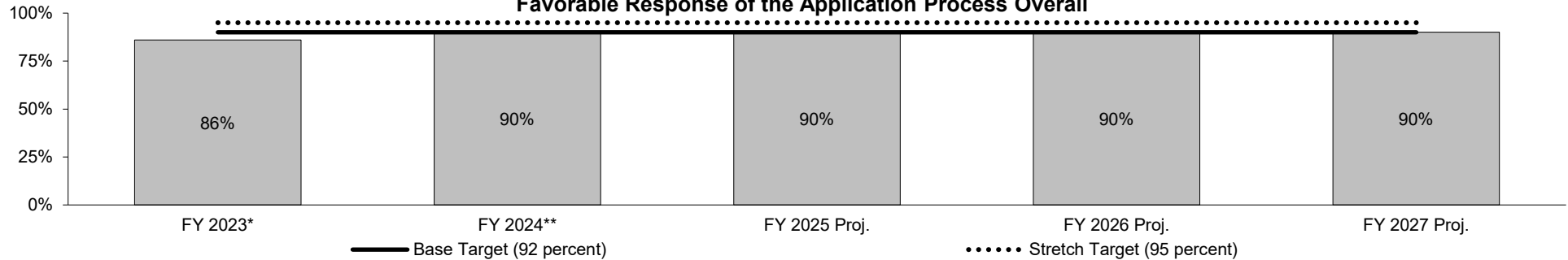
**Favorable Response of the Application Processing Time**



\*Adult Use became effective December 6, 2022 and personal consumer cultivation application submissions began in February 2023.

\*\* Of the 7,048 surveys received during FY 2024, 4.19 percent were microbusiness, 7.92 percent were personal cultivators, 5.90 percent agent ID, 0.16 percent were personal consumers and 0.16 percent were applications to convert from a medical license to a comprehensive license.

**Favorable Response of the Application Process Overall**



\*Adult Use became effective December 6, 2022 and personal consumer cultivation application submissions began in February 2023.

\*\* Of the 7,048 surveys received during FY 2024, 4.19 percent were microbusiness, 7.92 percent were personal cultivators, 5.90 percent agent ID, 0.16 percent were personal consumers and 0.16 percent were applications to convert from a medical license to a comprehensive license.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

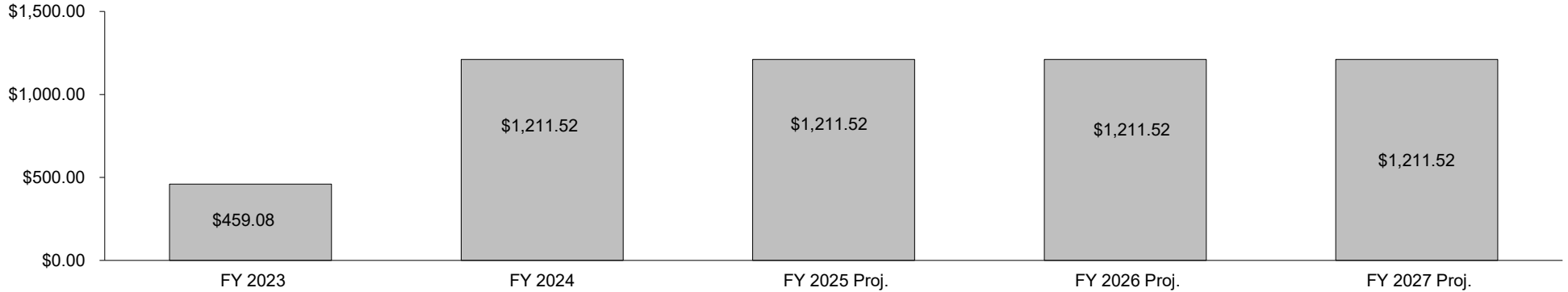
**AB Section(s):** 10.905

**Adult Use Cannabis**

**Program is found in the following core budget(s):** Adult Use Cannabis

**2c. Provide a measure(s) of the program's impact.**

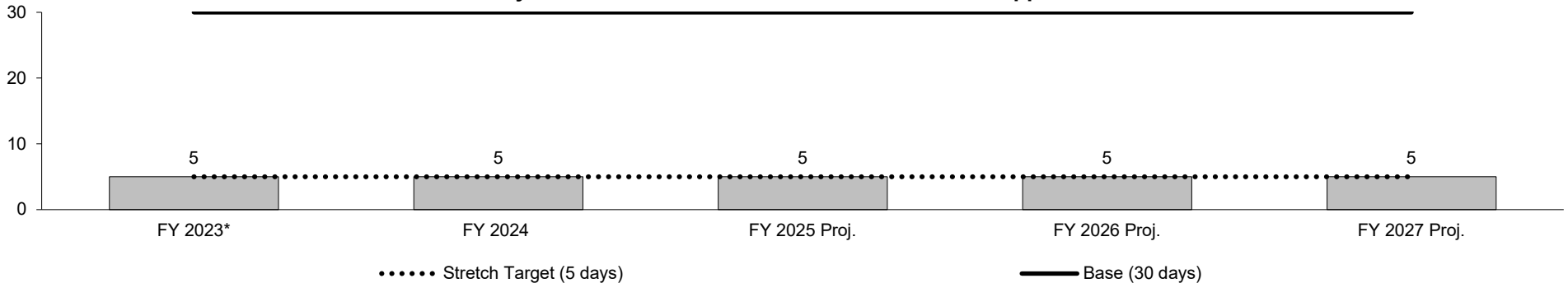
**Annual Sales (millions) as of June 30**



Sales grew substantially from FY 2023 (partial year) to FY 2024 (full year). An accurate projection of growth rates in FY 2025 through FY 2027 is difficult until a base line is established. More accurate projections in future years will be possible after FY 2025 sales are realized.

**2d. Provide a measure(s) of the program's efficiency.**

**Days to Process Personal Consumer Cultivation Applications**



\*Adult Use became effective December 6, 2022, and personal consumer cultivation application submissions began in February 2023. FY 2023 represents only 4.5 months of personal consumer cultivation applications. The stretch target is being adjusted to five days as the program continued to meet and/or exceed the previous base target of 14 days.

**PROGRAM DESCRIPTION**

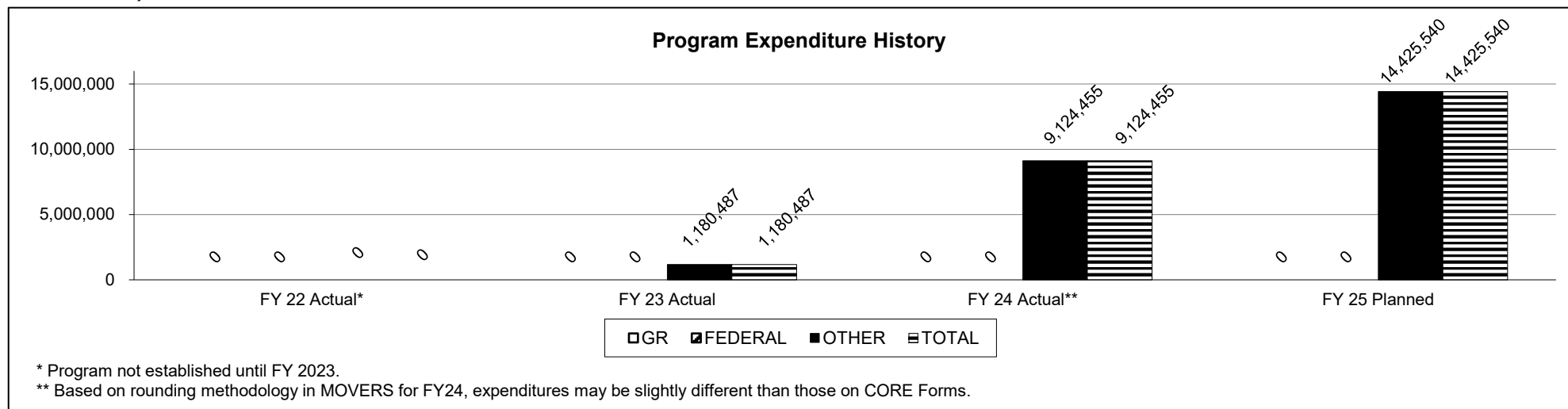
**Health and Senior Services**

**AB Section(s):** 10.905

**Adult Use Cannabis**

**Program is found in the following core budget(s):** Adult Use Cannabis

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Veterans, Health, Community & Reinvestment Fund (1608).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution and associated rules 19 CSR 100-1.010 to 19 CSR 100-1.190.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.



**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.910</u>
<b>Medical Marijuana</b>	
<b>Program is found in the following core budget(s):</b> <u>Medical Cannabis</u>	

**1a. What strategic priority does this program address?**

Develop a Framework to Apply Process Improvement Strategies to Licensing and Regulation Procedures.

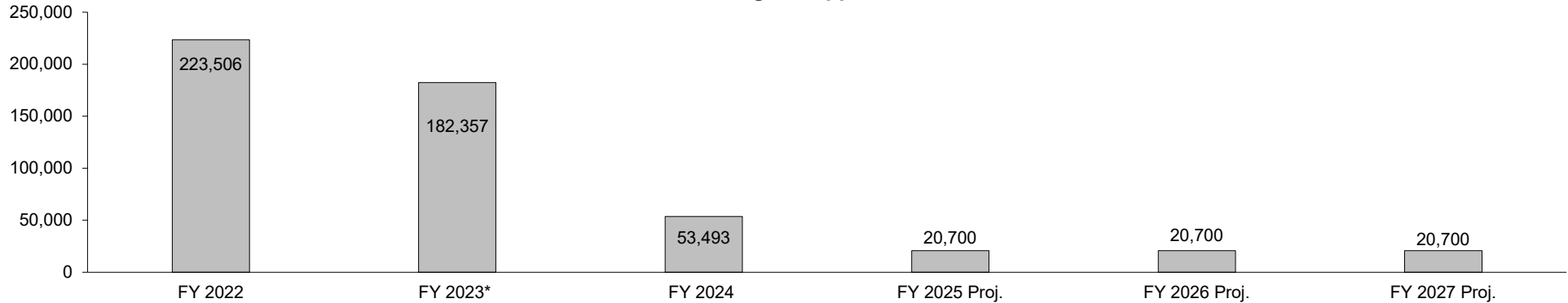
**1b. What does this program do?**

The Division of Cannabis Regulation administers the Missouri Cannabis Program to ensure the availability of, and safe access to, cannabis for all qualifying patients. To ensure access for qualifying medical patients, the division performs such duties as:

- Managing the overall administration of the medical cannabis program, including information for required reporting.
- Providing guidance and education for patients, caregivers, patient cultivators and certifying physicians.
- Review and approve applications for patients, caregivers patient cultivators and certifying physicians.

**2a. Provide an activity measure(s) for the program.**

**Patient and Caregiver Applications Received**



\*There has been a declining trend in patient and caregiver applications since adult use became effective on December 6, 2022.

**PROGRAM DESCRIPTION**

**Health and Senior Services**

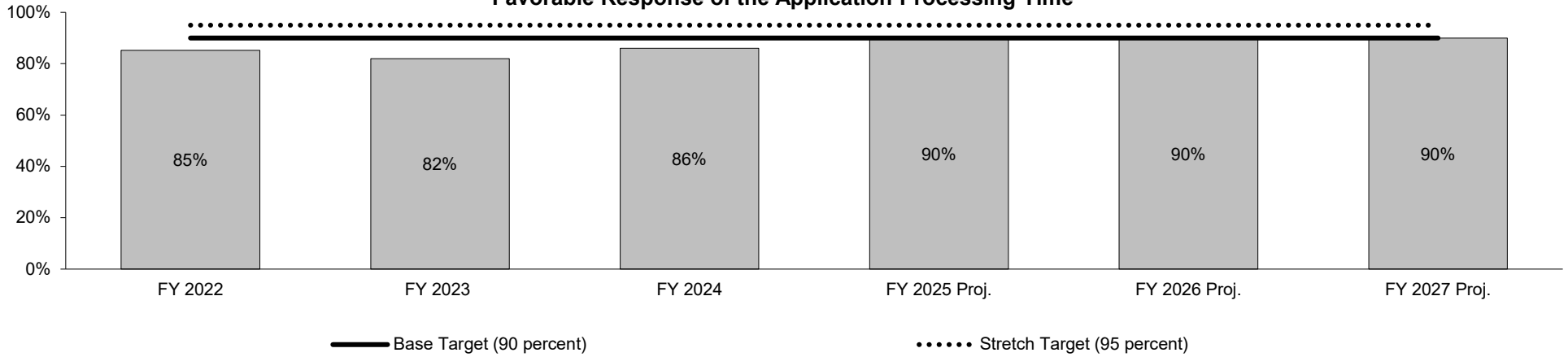
**AB Section(s):** 10.910

**Medical Marijuana**

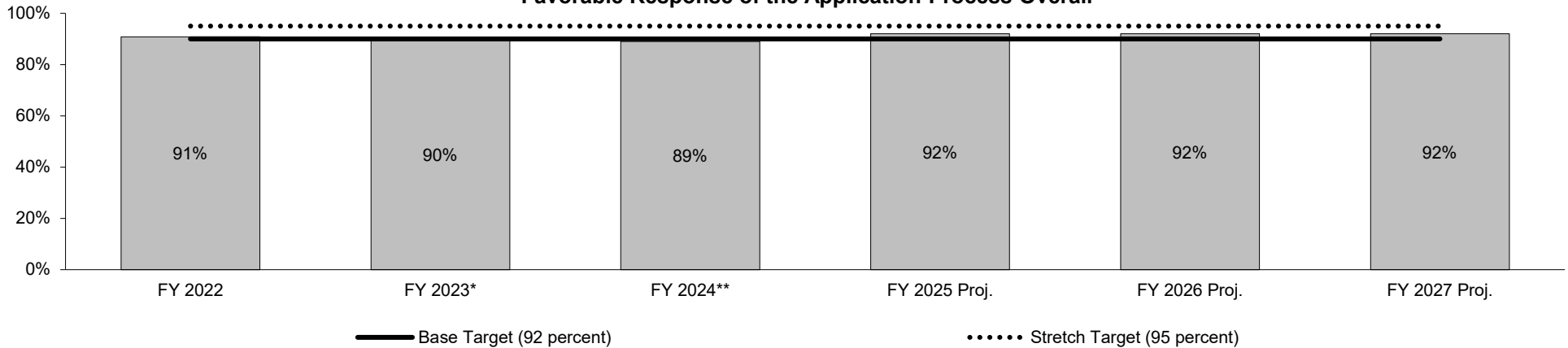
**Program is found in the following core budget(s):** Medical Cannabis

**2b. Provide a measure(s) of the program's quality. Customer satisfaction survey of the application process.**

**Favorable Response of the Application Processing Time**



**Favorable Response of the Application Process Overall**



\*Of the 7,048 surveys received during FY 2024, 74.84 percent were patients, 5.12 percent were patient/caregivers, 1.55 percent were caregivers and 0.16 percent were physicians.

\*\*The base target is being adjusted for FY 2023 to 92 percent as the program continued to meet and/or exceed the previous base target of 90 percent.

**PROGRAM DESCRIPTION**

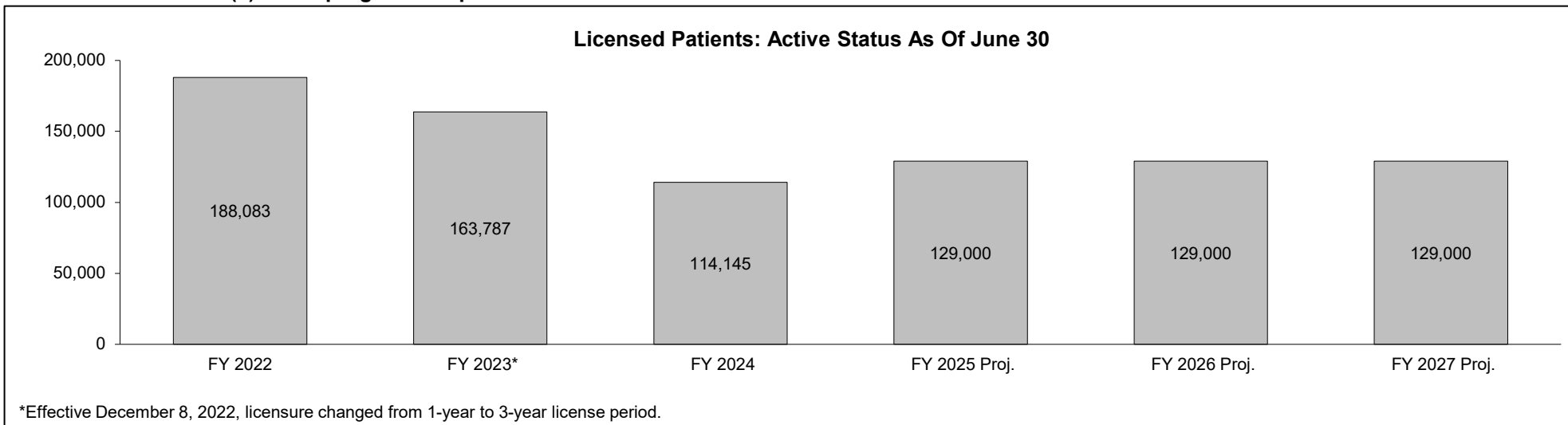
**Health and Senior Services**

**AB Section(s):** 10.910

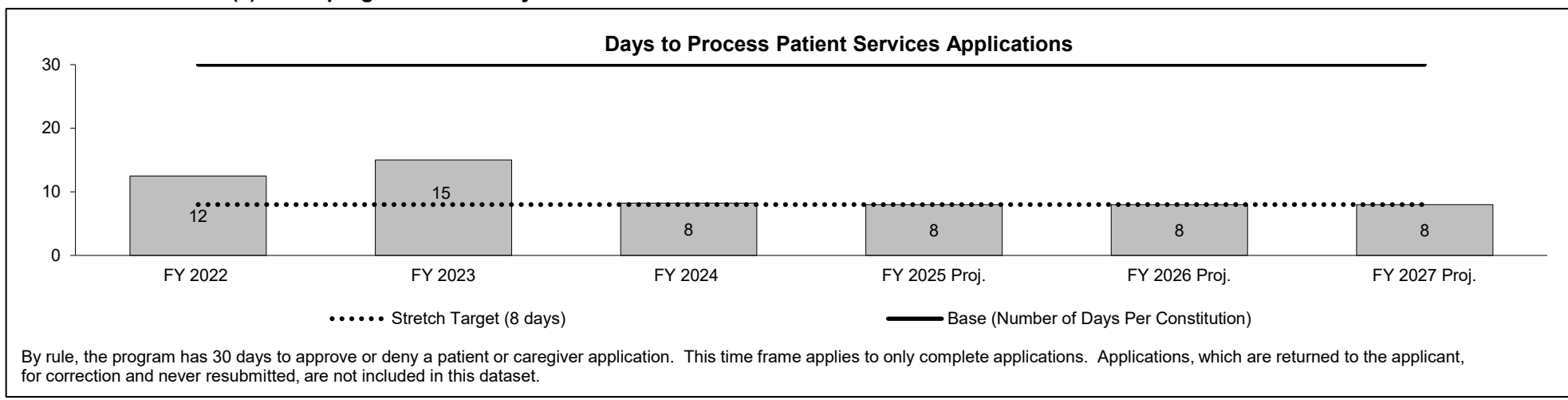
**Medical Marijuana**

**Program is found in the following core budget(s):** Medical Cannabis

**2c. Provide a measure(s) of the program's impact.**



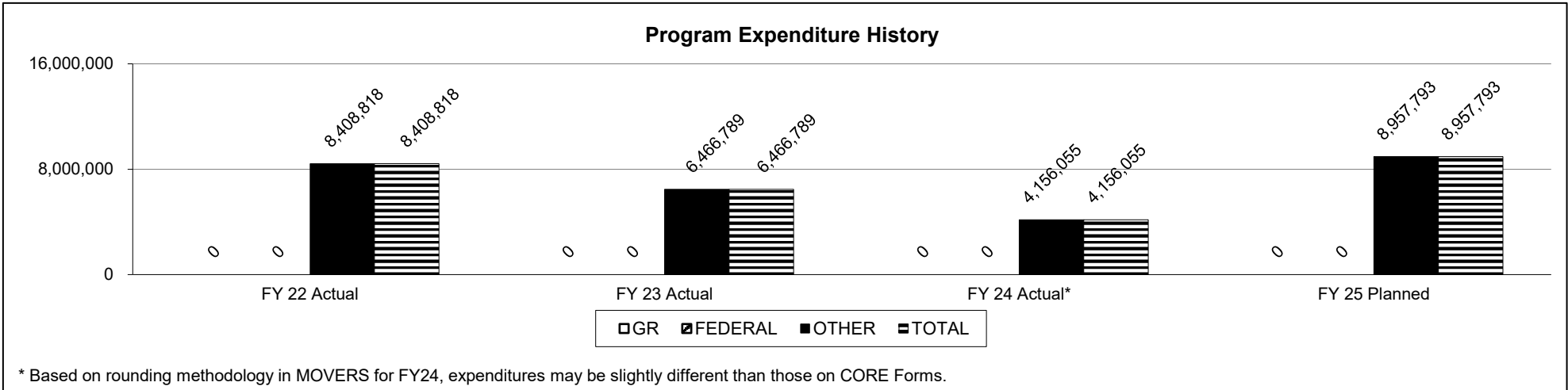
**2d. Provide a measure(s) of the program's efficiency.**



**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.910</u>
<b>Medical Marijuana</b>	
<b>Program is found in the following core budget(s):</b> <u>Medical Cannabis</u>	

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Missouri Veterans Health and Care (1606).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution and associated rules 19 CSR 100-1.010 to 19 CSR 100-1.190.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.

## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.910</u>
<b>Substance Use Disorder (SUD) Grants</b>	
<b>Program is found in the following core budget(s): Substance Use Disorder Grant Program</b>	
<b>1a. What strategic priority does this program address?</b> Expand Access to Services	
<b>1b. What does this program do?</b> The Division of Community and Public Health operates the Substance Use Disorder (SUD) grant program that is funded with proceeds from the Veteran's Health and Community Reinvestment Fund, which is managed by the Division of Cannabis Regulation. Per Article XIV, the division may use these funds for grants to agencies and not-for-profits to increase access to evidence-based, low-barrier drug addiction treatment programs, support overdose prevention education, and to support job placement, housing, and counseling for those with substance use disorders. Agencies and organizations serving populations with the highest rates of drug-related overdose shall be prioritized to receive the grants. Grants are awarded to develop new or support existing recovery support services for priority populations impacted by substance use disorder. This funding was first recieved by DCPH in fiscal year 2024. In fiscal year 2024, this funding supported Recovery Community Centers (RCCs) which provide a peer-based supportive community that builds hope and promotes healthy behaviors for individuals with substance use disorders and their families. RCCs help individuals initiate and sustain recovery over time by offering support services such as care coordination, recovery coaching, spiritual counseling, group support, recovery housing and transportation, before, during, after, and in coordination with other substance use disorder and other wrap-around service providers. In fiscal year 2025 and beyond, the program will offer grant opportunities to develop new, or support existing, recovery support services for the maternal population or priority populations impacted by SUD. Strategies will include peer navigation and dental health services.	
<b>2a. Provide an activity measure(s) for the program.</b> The program will measure activity through the number of Recovery Community Centers that will improve access to long term recovery supports to those seeking recovery from substance use disorder.	
<b>2b. Provide a measure(s) of the program's quality.</b> The program will measure quality through the number of referrals to employment and housing assistance for those seeking recovery from substance use disorder and the number of people accessing long term recovery supports.	
<b>2c. Provide a measure(s) of the program's impact.</b> The program will measure impact through the number of people maintaining long term recovery from substance use disorder.	

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services**

**AB Section(s):** 10.910

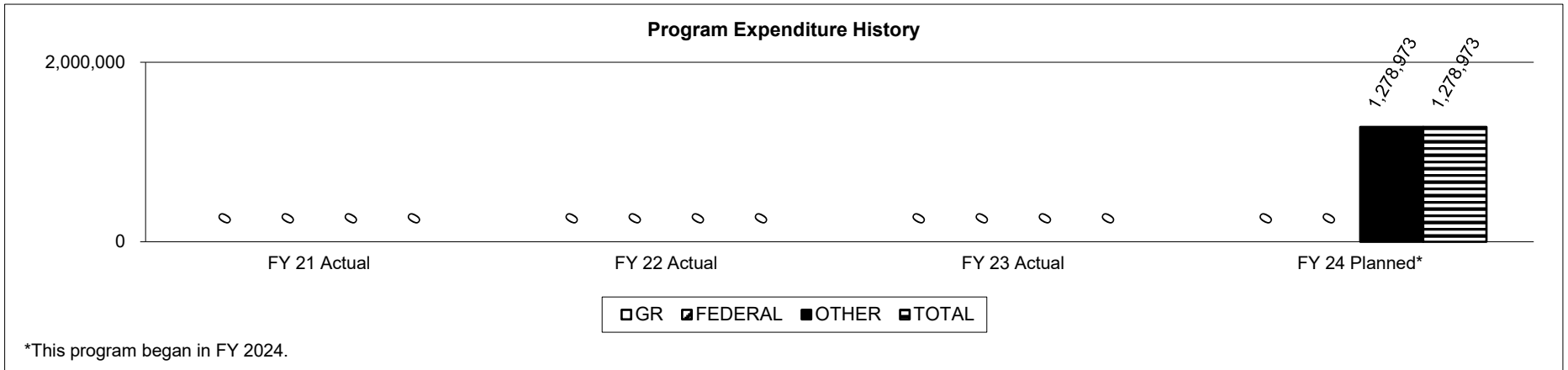
**Substance Use Disorder (SUD) Grants**

**Program is found in the following core budget(s): Substance Use Disorder Grant Program**

**2d. Provide a measure(s) of the program's efficiency.**

The program will measure efficiency through the increase in access to long term recovery supports, which will allow people in recovery from substance use disorder to maintain stable employment and housing; increasing productivity and reducing costs associated with chronic substance use.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Veterans, Health, and Community Reinvestment Fund (0608); Health Reinvestment Fund (0640)

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services**

**AB Section(s):** 10.911

**Substance Use Disorder (SUD) Grants: DMH Peer Respite Services**

**Program is found in the following core budget(s): Substance Use Disorder DMH Peer Respite Services Grant**

**1a. What strategic priority does this program address?**

Expand Access to Services

**1b. What does this program do?**

The Division of Community and Public Health operates the Substance Use Disorder (SUD) grant program that is funded with proceeds from the Veteran's Health and Community Reinvestment Fund, which is managed by the Division of Cannabis Regulation. These funds are appropriated for a grant from the Department of Health and Senior Services to the Department of Mental Health (DMH) to provide peer respite services. This funding was first appropriated to DHSS during state fiscal year 2025.

DMH initiatives supported through the SUD Grant Program are used to support Certified Peer Specialists in providing peer respite crisis stabilization to help people become and stay engaged in the substance use disorder recovery process and reduce the likelihood of relapse.

**2a. Provide an activity measure(s) for the program.**

The program will measure activity through the number of individuals served by Certified Peer Specialists.

**2b. Provide a measure(s) of the program's quality.**

The program will measure activity through the number of new Certified Peer Specialists.

**2c. Provide a measure(s) of the program's impact.**

The program will measure impact through the number of people connected to at least one service.

**2d. Provide a measure(s) of the program's efficiency.**

The program will measure efficiency through the increase in access to crisis stabilization services and recovery support.

**PROGRAM DESCRIPTION**

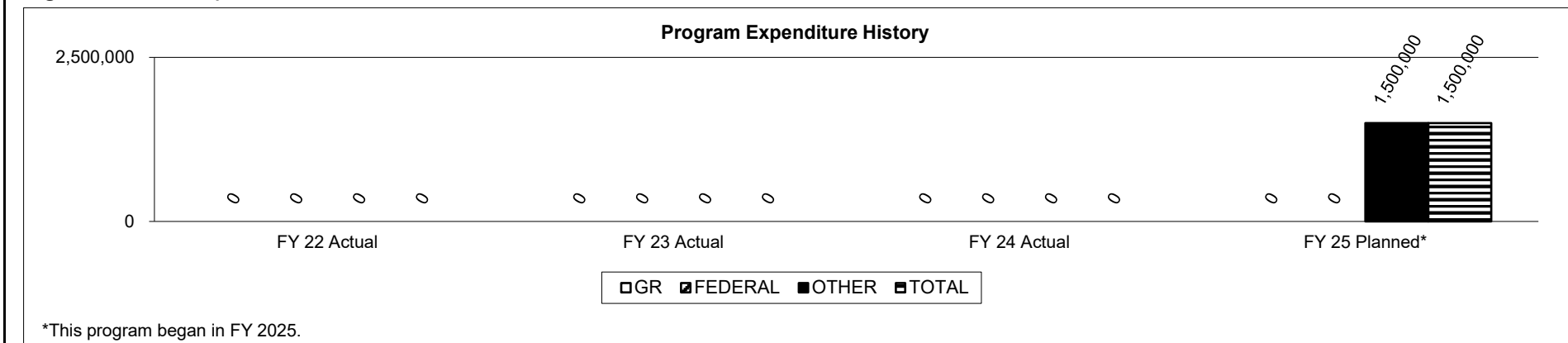
**Department of Health and Senior Services**

**AB Section(s):** 10.911

**Substance Use Disorder (SUD) Grants: DMH Peer Respite Services**

**Program is found in the following core budget(s): Substance Use Disorder DMH Peer Respite Services Grant**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Reinvestment Fund (0640).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution.

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.



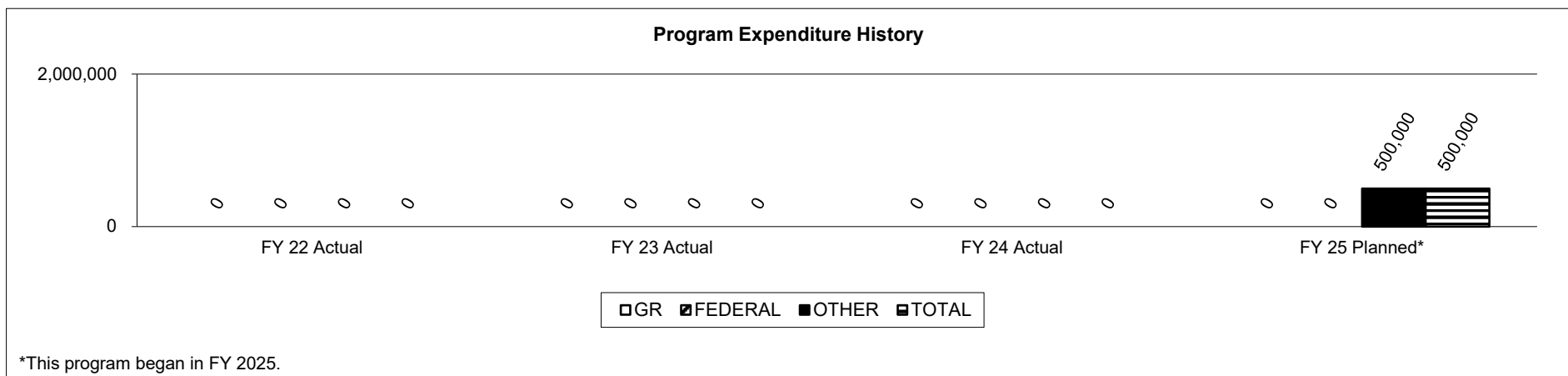
## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.911</u>
<b>Substance Use Disorder (SUD) Grants: DMH Alcohol Abuse Prevention</b>	
<b>Program is found in the following core budget(s): Substance Use Disorder DMH Alcohol Abuse Prevention Grant</b>	
<b>1a. What strategic priority does this program address?</b> Expand Access to Services	
<b>1b. What does this program do?</b> The Division of Community and Public Health operates the Substance Use Disorder (SUD) grant program that is funded with proceeds from the Veteran's Health and Community Reinvestment Fund, which is managed by the Division of Cannabis Regulation. These funds are appropriated for a grant from the Department of Health and Senior Services to the Department of Mental Health (DMH) to prevent youth alcohol use. This funding was first appropriated to DHSS during state fiscal year 2025.  DMH youth alcohol use prevention initiatives supported through the SUD Grant Program include implementing evidence-based programs and strategies delivered through contracts with ten Prevention Resource Centers to provide training, technical assistance and support to more than 160 registered community coalitions across the state. Activities include program materials and training, special events such as town hall meetings or public speaking engagements, media such as billboards, social media, movie theater ads, and other youth alcohol use prevention projects approved by DMH.	
<b>2a. Provide an activity measure(s) for the program.</b> The program will measure activity through the number served in community prevention programs and trainings.	
<b>2b. Provide a measure(s) of the program's quality.</b> The program's quality will be measured through program and training satisfaction rates.	
<b>2c. Provide a measure(s) of the program's impact.</b> The program will measure impact through the decrease in alcohol use by youth in grades 6-12.	
<b>2d. Provide a measure(s) of the program's efficiency.</b> The program's efficiency will be measured by the societal cost of untreated individuals with substance use disorders (SUD) compared to the cost to prevent youth alcohol use.	

**PROGRAM DESCRIPTION**

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.911</u>
<b>Substance Use Disorder (SUD) Grants: DMH Alcohol Abuse Prevention</b>	
<b>Program is found in the following core budget(s): Substance Use Disorder DMH Alcohol Abuse Prevention Grant</b>	

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Reinvestment Fund (0640).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution.

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.

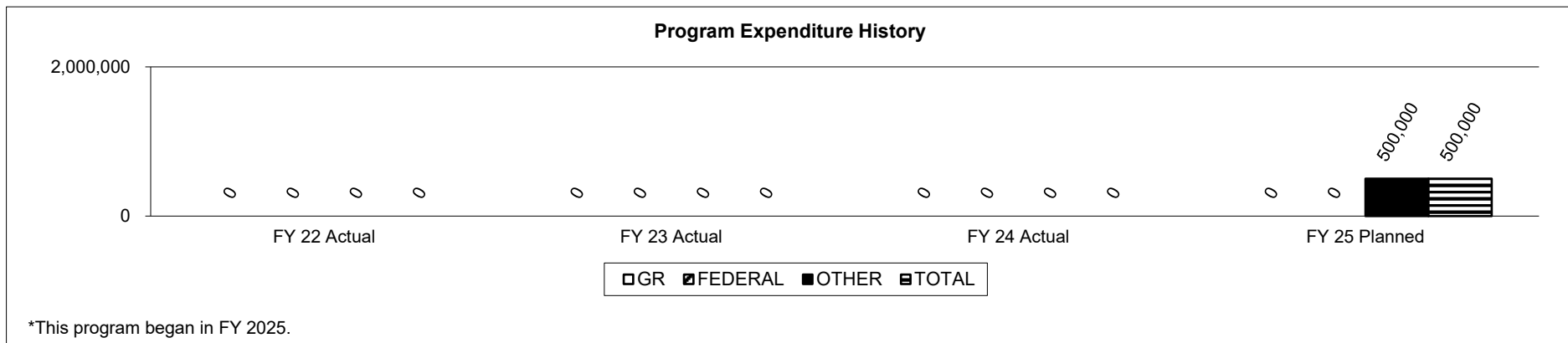
## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.911</u>
<b>Substance Use Disorder (SUD) Grants: DMH Community and Youth Services Liaisons</b>	
<b>Program is found in the following core budget(s): Substance Use Disorder DMH Youth Services Liaisons Grant</b>	
<b>1a. What strategic priority does this program address?</b> Expand Access to Services	
<b>1b. What does this program do?</b> The Division of Community and Public Health operates the Substance Use Disorder (SUD) grant program that is funded with proceeds from the Veteran's Health and Community Reinvestment Fund, which is managed by the Division of Cannabis Regulation. These funds are appropriated for a grant from the Department of Health and Senior Services to the Department of Mental Health (DMH) to provide community and youth service liaisons. This funding was first appropriated to DHSS during state fiscal year 2025.  DMH initiatives supported through the SUD Grant Program support Youth Behavioral Health Liaisons (YBHLs) who connect youth experiencing mental health challenges to necessary services within their community and Community Behavioral Health Liaisons (CBHLs) who assist law enforcement, jails, and courts in linking individuals with behavioral health needs to treatment services and/or community resources.	
<b>2a. Provide an activity measure(s) for the program.</b> The program will measure activity through the number of individuals referred to behavioral health services by a Community and Youth Behavioral Health Liaison (CBHL and YBHL).	
<b>2b. Provide a measure(s) of the program's quality.</b> The program will measure the percentage of individuals referred to a liaison that a liaison is able to connect with (e.g. CBHL/YBHL contact rate).	
<b>2c. Provide a measure(s) of the program's impact.</b> The program will measure the program's impact by the total number of individuals referred to behavioral health services by a CBHL/YBHL.	
<b>2d. Provide a measure(s) of the program's efficiency.</b> The program's efficiency will be measured by the average number of days from the referral source to CBHL/YBHL attempted contact.	

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.911  
**Substance Use Disorder (SUD) Grants: DMH Community and Youth Services Liaisons**  
**Program is found in the following core budget(s): Substance Use Disorder DMH Youth Services Liaisons Grant**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Reinvestment Fund (0640).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution.

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.

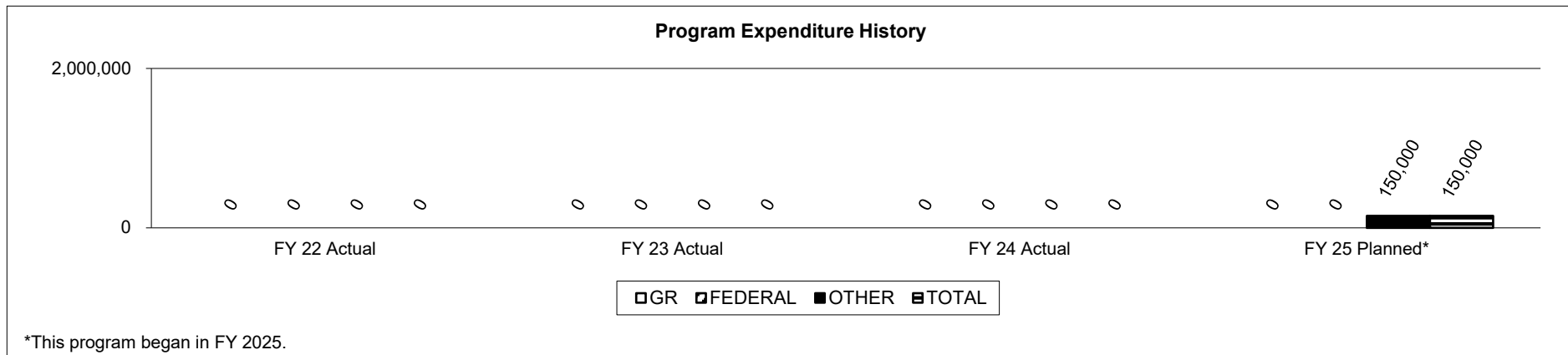
## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.911</u>
<b>Substance Use Disorder (SUD) Grants: DMH Youth Substance Use Prevention</b>	
<b>Program is found in the following core budget(s): Substance Use Disorder DMH Youth Substance Use Prevention Grant</b>	
<b>1a. What strategic priority does this program address?</b> Expand Access to Services	
<b>1b. What does this program do?</b> The Division of Community and Public Health operates the Substance Use Disorder (SUD) grant program that is funded with proceeds from the Veteran's Health and Community Reinvestment Fund, which is managed by the Division of Cannabis Regulation. These funds are appropriated for a grant from the Department of Health and Senior Services to the Department of Mental Health (DMH) to prevent youth substance use. This funding was first appropriated to DHSS during state fiscal year 2025.  DMH youth substance use prevention initiatives supported through the SUD Grant Program include implementing evidence-based programs and training delivered through contracts with ten Prevention Resource Centers (PRCs). Activities include train-the-trainer education program materials to implement the Substance Use Prevention Optimizing Robust Teens (SPORT) Prevention Plus Wellness (PPW) aimed at preventing youth substance use and increasing healthy habits.	
<b>2a. Provide an activity measure(s) for the program.</b> The program will measure activity through the number of individuals trained to deliver programming and the number of individuals participating in evidence-based programs.	
<b>2b. Provide a measure(s) of the program's quality.</b> The program will measure quality through participant satisfaction rates.	
<b>2c. Provide a measure(s) of the program's impact.</b> The program will measure impact through the increase in knowledge of the youth program participants via pre and post tests.	
<b>2d. Provide a measure(s) of the program's efficiency.</b> The program will measure efficiency by the societal cost of untreated individuals with substance use disorders (SUD) compared to cost to prevent (SUD).	

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.911  
**Substance Use Disorder (SUD) Grants: DMH Youth Substance Use Prevention**  
**Program is found in the following core budget(s): Substance Use Disorder DMH Youth Substance Use Prevention Grant**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Reinvestment Fund (0640).

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution.

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.

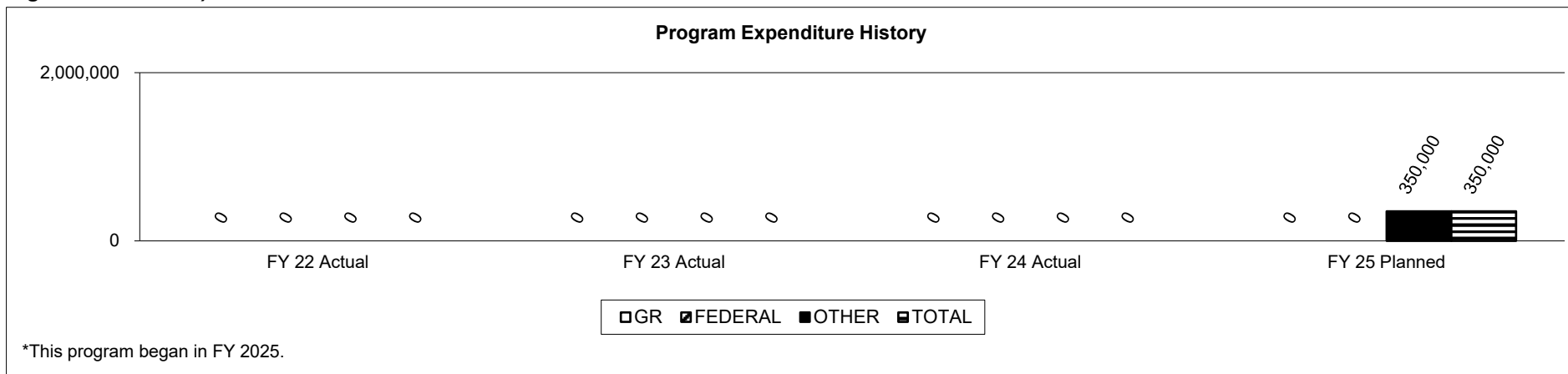
## PROGRAM DESCRIPTION

<b>Department of Health and Senior Services</b>	<b>AB Section(s):</b> <u>10.913</u>
<b>Substance Use Disorder (SUD) Grants</b>	
<b>Program is found in the following core budget(s): Substance Use Disorder (SUD) DESE Grants</b>	
<b>1a. What strategic priority does this program address?</b> Expand Access to Services	
<b>1b. What does this program do?</b> The Division of Community and Public Health operates the Substance Use Disorder (SUD) grant program that is funded with proceeds from the Veteran's Health and Community Reinvestment Fund, which is managed by the Division of Cannabis Regulation. These funds are appropriated for a grant from the Department of Health and Senior Services (DHSS) to the Department of Elementary and Secondary Education (DESE) to utilize for drug abuse resistance education materials and programming for school drug awareness including cannabis initiatives for youth. This funding was first appropriated in fiscal year 2025. DESE initiatives supported through the SUD Grant Program are used to prevent youth substance use through drug abuse resistance education materials and programming for school drug awareness including cannabis initiatives for youth.	
<b>2a. Provide an activity measure(s) for the program.</b> The program will measure activity through the number of new schools providing drug abuse resistance education materials and programming for youth.	
<b>2b. Provide a measure(s) of the program's quality.</b> This is the first year of funding for this initiative. DHSS and DESE are working to identify quality measures for the new program.	
<b>2c. Provide a measure(s) of the program's impact.</b> The program will measure the impact through the number of students receiving drug abuse resistance education materials and programming and the marijuana use rates among middle school-aged youth.	
<b>2d. Provide a measure(s) of the program's efficiency.</b> This is the first year of funding for this initiative. DHSS and DESE are working to identify activity measures for the new program.	

**PROGRAM DESCRIPTION**

**Department of Health and Senior Services** **AB Section(s):** 10.913  
**Substance Use Disorder (SUD) Grants**  
**Program is found in the following core budget(s): Substance Use Disorder (SUD) DESE Grants**

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

Health Reinvestment Fund (0640)

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Article XIV of the Missouri Constitution

**6. Are there federal matching requirements? If yes, please explain.**

Not applicable.

**7. Is this a federally mandated program? If yes, please explain.**

Not applicable.